



4 January 2003



***Make sure
they're covered
in the morning***



Nicotine

***The confidence of
24 hour protection***

NiQuitin CQ Clear Patch for the relief of nicotine withdrawal symptoms, including craving associated with smoking cessation. NiQuitin CQ, CQ and Committed Quitters are registered trade marks of the GlaxoSmithKline group of companies. Further information is available from: GlaxoSmithKline Consumer Healthcare, Great West Road, Brentford, Middlesex TW8 9GS. Legal Category: GSL.



**Generics firms
being sued for
£28m by DoH**

**NHSIA seeking
opinions on
patient privacy**

**Profit margins
– pushed to
their limits?**

**The year ahead
– 2003 events
for pharmacy**



OUR NEW GUM TASTES WICKED INSTEAD OF EVIL.

**£2.5
MILLION
TV
SPEND**

New Nicotinell Gum is a
breakthrough in NRT.

It looks like real
chewing gum and tastes
really great,
so it's designed to help
compliance.

Stock up now
before our £2.5 million
TV campaign breaks.



Nicotinell
NICOTINELL

It needn't be hell with

NICOTINELL® FRUIT & MINT 2mg & 4mg CHEWING GUM. Presentations: Nicotine chewing gum containing 2mg and 4 mg nicotine, in fruit and mint flavour. **Indications:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage and Administration:** Stop smoking completely when starting treatment. One piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 25 pieces of 2mg gum per day or 15 pieces of 4 mg gum per day. After 3 months, the user should gradually cut down the number of pieces chewed. Children and young adults: To be used in people under 18 years only on medical advice. **Contra-indications:** Non smokers, occasional smokers. As with smoking, Nicotinell is contra-indicated in acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident. Pregnancy & Lactation: To be used only on medical advice. **Precautions:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive

peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, fructose intolerance, phaeochromocytoma, renal or hepatic impairment, peptic ulcer or gastric irritation. Keep out of the reach of children at all times. **Side Effects:** Smoking cessation causes many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances and gastro-intestinal disturbances. May cause throat irritation, hiccupping, minor indigestion or heartburn. **Legal Category:** GSL. **Product Licence Nos, Trade Price and Suggested Retail Price:** Nicotinell Fruit 2mg Chewing Gum (PL 0030/0162) and Nicotinell Mint 2mg Chewing Gum (PL 0030/0164) in packs of 12 £1.50, £2.79, packs of 24 £3.01, £5.29 and packs of 96 £8.26, £14.49. Nicotinell Fruit 4mg Chewing Gum (PL 0030/0163) and Nicotinell Mint 4mg Chewing Gum (PL 0030/0165) in packs of 12 £1.70, £2.99, packs of 24 £3.30, £5.79 and 96 £10.20, £17.99. **PL Holder:** Novartis Consumer Health, Horsham, RH12 5AB. **Date of Preparation:** September 2002.



Editor
Patrick Grice, MRPharmS

Assistant Editor
Charles Gladwin, MRPharmS

Business Editor
Nina Keller-Herman, Dipl Biol

Clinical Editor
Vanessa Sherwood, MRPharmS

Contributing Editor
Adrienne de Mont, FRPharmS

Marketing Editor
Sarah Thackray

Reporter
Gary Paragpuri, MRPharmS

Production Editor
Fay Jones, BA

Group Production Sub Editor
Richard Coombs

Editorial secretary
Jan Powis
Editorial (tel): 01732 377487;
(fax): 01732 367065;
chemdrug@cmpinformation.com

Price List
Colin Simpson (Controller),
Darren Larkin, Maria Locke
Price List (tel): 01732 377407
(fax): 01732 377559

Group Sales Manager
Quentin Soldan

Sales Manager
Mark Walley

Classified Executive
Debra Thackeray

Advertisement secretary
Elaine Steele
Advertising (tel): 01732 377621;
(fax): 01732 377179

Production
Katrina Avery

Publishing Director
Fergus Wilson

© CMP Information Ltd
Chemist & Druggist incorporating Retail
Chemist, Pharmacy Update and Beauty
Counter

Published Saturdays by
CMP Information Ltd,
Sovereign Way,
Tonbridge, Kent TN9 1RW

E&D on the internet at
<http://www.dotpharmacy.com/>

Subscriptions: (Home) £150 per annum;
Overseas & Eire \$369 per annum including
postage, £2.60 per copy (postage extra)
Additional Price List £100 per annum

Circulation and subscription:
CMP Information Ltd, Tower House,
Sovereign Park, Lathkill St, Market
Harborough, Leics LE16 9EF
Telephone: 01858 438809
Fax: 01858 434958

Refunds on cancelled subscriptions will only be
provided at the publisher's discretion, unless
specifically guaranteed within the terms of
subscription offer

The editorial photos used are courtesy of the
suppliers whose products they feature

www.dotpharmacy.com



This Week

DoH sues drug firms for £28m 4

The Department of Health has launched a civil action to recover £28 million from generic manufacturers accused of keeping the price of warfarin artificially high

NHSIA seeks views on patient privacy 5

The NHS Information Authority is formally asking pharmacists to get involved with its national consultation on patient confidentiality



PSNI awards fellowships 6

Dr Terry Maguire, Professor James McElroy and Dr Norman Morrow, left, have each received fellowships for their work in Northern Ireland

Body-builder drugs warning 8

A counterfeit of a prescription analgesic commonly used by body builders is being sold on the black market in Northern Ireland and is potentially dangerous

Locums offered non-Lloyds alternatives 10

A leading UK locum agency, Provincial Pharmacy Locum Services, has said it is aiming to provide alternative employment at better rates of pay for any of its locums currently working for Lloydspharmacy

Conferences and events 2003 16

Dates for all the pharmacy conferences and events this year

Pharmacy Update

Help with hearing 17

Consultant audiologist Dr Susan Snashall explains how pharmacists can help customers who are hard of hearing



Features

No margin left 24

Professor Ian Jones argues that the Government has put as much pressure on NHS margins as pharmacy can reasonably cope with

Maximising profits 26

Anne Hutchings starts a two-part series for pharmacists looking to increase their profits by suggesting a detailed review of how your business has performed over the last five years

Price List 27

Your Price List supplement is bound into this issue

Regulars

Question Time 6

Coming Events 11

Opinion 12

Xrayser 13

Letters 14

Medical Matters 21

Marketwatch 22

Classified 31

Back Issues 34

DoH sues drug firms for £28m

Generic manufacturers are refuting a claim that they colluded to keep the price of warfarin artificially high, after the Department of Health launched a civil action to recover £28 million from them.

The High Court claim, issued on December 20, alleges that Norton Healthcare, Norton Pharmaceuticals (both part of IVAX), Goldshield Group and Regent-GM Laboratories, conspired to fix the price and supply of warfarin between 1996 and 2000. As a result, the price of a 1mg warfarin tablet rose from 0.8p in December 1996 to 5.14p in May 2000, says the claim.

However, Goldshield denied that it acted in an anti-competitive or improper way and intends to vigorously defend the legal proceedings. IVAX said that it "strongly refutes the allegation" and will "repudiate this claim". Regent-GM said it had "no comment at this time".

The civil action, brought jointly by the Secretary of State for Health, the Prescription Pricing



Jim Gee: further civil proceedings are likely

Authority and 28 English Strategic Health Authorities, is claiming damages of more than £28m plus interest. A second civil action for £150m is expected against manufacturers of penicillin-based antibiotics, according to reports.

Jim Gee, director of the NHS Counter Fraud Service, which is

behind the claim, said that an "investigation into anti-competitive behaviour in the generic drug industry is ongoing" and that "further civil proceedings are likely to be instituted in due course" regarding other cartels and drugs.

The DoH says that its decision to commence civil action was taken independently of the ongoing criminal investigation announced by the Serious Fraud Office earlier last year (*C&D*, April 20, 2002, p10).

If the SFO investigation proves successful, it will result in a criminal penalty, such as a fine or imprisonment, while the DoH's civil action aims to recover money lost to the NHS. However, the DoH's case may be easier to win, as the degree of proof required for a guilty verdict in a civil case is very different from a criminal one.

In a civil case, the defendants must be found guilty on the balance of probability, whereas in a criminal investigation guilt must be shown beyond all reasonable doubt.

Widespread support for single Welsh body

Pharmacy contractors in Wales have voted 'unanimously' in favour of a single pharmacy representative committee, Community Pharmacy Wales (CPW), which has now been endorsed by the Welsh Assembly.

The CPW is to be supported by three regional committees based in the new NHS regions of North Wales, Mid & West Wales and South & East Wales.

Details of the new structure were outlined to contractors at a meeting in Llandrindod Wells in October 2002, and a postal ballot of all pharmacy contractors in Wales was held subsequently.

Elections for CPW regional committees will take place over the course of the next few weeks, and details about nominations will be sent to contractors later this month.

CPW will move into new headquarters (shared with the BMA, BDA and Welsh Optometrists Association) opposite the National Assembly building in Cardiff.

For more information:
www.psn.org.uk

Increase in needle supply amounts

The Scottish Executive has announced an increase in the maximum number of needles and syringes that can be issued at any one visit by a needle exchange scheme.

The numbers available to intravenous drug injectors will now be:

- a maximum of 20 sets on the

first visit (up from five)

- a maximum of 60 sets on subsequent visits (up from 15)

- an exceptional upper limit of 120 for holiday periods when facilities are closed or where facilities are difficult to access.

The Executive points out that the changes follow advice from the Lord Advocate and will only happen subject to the return of used equipment for safe disposal.

- Of the 3,529 people diagnosed with HIV in Scotland to September 2002, 1,234 are known to be injecting drug users. Of the 13,535 people infected with hepatitis C to December 2001, 8,153 of these had injected drugs at one time.

For more information:
www.scotland.gov.uk

New pharmacy stats published

Statistical details of general pharmaceutical services in England and Wales for the periods 1992-93 to 2001-02 have been published by the Department of Health.

Among the findings for the decade are:

- 10,463 pharmacies were in contract with HAs in England and Wales at 31 March 2002, compared with 10,471 at 31 March 2001, a decrease of eight.
- There were 10,476 in 1992-93.
- the percentage of pharmacies in chains of more than five rose from 48 per cent in 2000-2001 to 51 per cent in 2001-2002.
- in 2001-2002 56 per cent of pharmacies closing were within 500 metres of another pharmacy but 60 per cent of pharmacies

opening were more than 1km from the nearest pharmacy

- 48 per cent of pharmacies received a payment for providing additional agreed hours of service and 32 per cent received a payment for providing advice to residential and/or nursing homes in 2001-2002

- 282 pharmacies received a payment under the Essential Small Pharmacies scheme in 2001-2002 (188 in 1992-93)

- the number of dispensing fees increased from 429.4 million in 1992-93 to 593.7m in 2001-02
- the average net ingredient cost per dispensing fee rose from £6.68 to £10.21 over the course of the decade

For more information:
www.doh.gov.uk/public/sb0230.htm

Going smoke-free in 2003

Former England footballer Gary Lineker has kicked off the 'Smoke-free in 2003' smoking cessation campaign sponsored by GlaxoSmithKline.

The campaign encourages more smokers to visit their GP to seek help and advice and to use the New Year as a focus for stopping.

Pan-European research suggests that only 3 per cent of smokers try to give the habit up at New Year, and contrary to popular belief, 25 per cent of Britons believe that New Year is a good excuse to delay giving up, rather than a motivation to stop.

The Smoke-Free in 2003 survey also found that:

- 79 per cent of UK smokers would like to be smoke-free in 2003 and 66 per cent agreed that New Year is a good time to give up smoking
- 26 per cent of UK smokers have never tried to give up (the lowest percentage in Europe), although 10 per cent are trying to give up on a regular basis
- 70 per cent of UK smokers do no regular physical exercise.



Palliative care cash ring fenced

Public health minister Hazel Blears has announced that the extra £50m for palliative care announced in the NHS Cancer Plan will be retained as a central budget for three years from 2003-04.

A national partnership group, including representatives from all levels of the NHS and a wide range of voluntary sector organisations, will be responsible for allocating funding.

Primary care trusts will be required to work in partnership with local voluntary organisations to identify and agree local spending and development priorities for specialist palliative care in line with local delivery plans and the priorities and planning framework.

For more information:

www.doh.gov.uk

Public to have say in NICE's work

The National Institute for Clinical Excellence is running a pilot on its website where any interested stakeholder can suggest topics on which it can develop guidance.

The Department of Health and the Welsh Assembly will assess all proposals received by the pilot, which runs until January 31.

Andrew Dillon, NICE's chief executive, said: "We have lobbied hard for our work programme to be constructed in a more open and inclusive manner, and are pleased that this pilot will allow members of the public, health care professionals, NHS managers and other stakeholders – who may well be the best judges of where NICE guidance can support health care professionals and improve patient care – to put topics forward."

Any 'incomplete' suggestion put forward by the public will be reviewed and developed by NICE before being forwarded to the DoH and Welsh Assembly. After the pilot has finished, NICE will assess the resources needed to support a permanent system for suggesting topics.

For more information:

www.nice.org.uk/article.asp?a=44901

Views sought on patient privacy

The NHS Information Authority is formally asking pharmacists to get involved with the authority's national consultation on patient confidentiality.

"Everyone with an interest in the NHS is encouraged to take part in a national consultation on patient confidentiality," said Marlene Winfield, who is leading the consultation for the NHSIA, which recognises the significance of pharmacists' growing role in patient care and

electronic record systems.

"Pharmacists are important because their expanding role requires them to have access to more information about patients than they have in the past. We therefore want as many pharmacists as possible to let us know what they think about the proposals and the types of information they believe they will need in order to play a more active part in medication management decisions."

A consultation pack, containing details of proposals for handling patient information both on paper and electronically, a national charter for sharing information, a code of practice for healthcare staff, and a patient information video script explaining patients' rights, is available from the NHSIA helpline on 08453 660066 or by visiting its website at www.nhsia.nhs.uk/confidentiality. Completed surveys should be returned by January 31.

MULTIPLES

CPD intranet a success, says Boots

Boots The Chemists is reporting a success with the launch of its continuing professional development intranet site for the company's 4,000 pharmacists.

Boots' professional capabilities department sought the pharmacists' opinions, resulting in a user-friendly system that groups together all relevant information in one easily accessible source. Areas covered on the site include:

- learning about CPD
- pharmacy practice
- sources of clinical information
- CPD feedback; and
- management skills.

A learning-style questionnaire is also included so that pharmacists can determine which method of study suits them best. Users may also download record sheets, get information and advice on specific ailments, and are able to access other Boots' learning resources.

Boots believes the intranet CPD tool, launched in October 2002, is the first of its kind.

Assistant pharmacy superintendent Steve Churton commented: "The site is a very flexible tool. We can develop it appropriately on an ongoing basis to respond to feedback or as additional information on CPD is published."

"This means that our pharmacists will always have access to the most current thinking on CPD."

NORTHERN IRELAND

Maguire, McElnay and Morrow awarded fellowships by PSNI



Dr Norman Morrow: training consultant/reviewer

After a five-year famine, the Pharmaceutical Society of Northern Ireland has awarded fellowships to three well known pharmacists – Dr Terry Maguire, Professor James McElnay and Dr Norman Morrow.

All three are graduates of the School of Pharmacy at the Queen's University of Belfast, and have careers which have frequently overlapped.

Dr Norman Morrow, currently the chief pharmacist at the Northern Ireland Department of Health, graduated in 1974. He started his pharmacy career in

hospital pharmacy at the Royal Victoria Hospital, Belfast, and was awarded a PhD in 1986.

He moved to the Department of Health and Social Security in 1983. In 1986 he became director of continuing pharmaceutical education for Northern Ireland, and started to lecture part-time at QUB. He has since been awarded a number of different research grants relating to continuing education.

Dr Morrow was appointed chief pharmaceutical officer in 1995. He is a member of the PSNI's Council, a member of the NICPPET and acts as a training consultant/reviewer for various organisations.

Professor James McElnay graduated in 1976 and was awarded a PhD in 1979 in pharmacology. Apart from a year-long stint at the University of Iowa, USA, he has pursued an academic career at QUB. He is presently the head of the School of Pharmacy, a post he has held since 1994.

He has been a member of the PSNI's Council since 1992 and was president from 1999-2001. He has acted as an external examiner at a number of UK universities, and is the first non-US citizen to be made a Fellow of the American College of Clinical Pharmacy.

Dr Terry Maguire graduated in 1980 and obtained a PhD in pharmacology in 1983. He moved into community pharmacy and bought his first business in Belfast in the late 1980s. He dovetailed this with working as a lecturer at QUB until 1996, when he became director of NICPPET, a post he held until last year.

Dr Maguire has served as a PSNI Council member for many years, and as president from 1997-1999. He was the instigator of *Vision 2020*, the PSNI's strategy document.

The three nominations followed a public plea by PSNI president Sheelagh Hillan last year (*C&D* Sept 28, 2002, p9) encouraging pharmacists to put names forward and "be more ready to recognise the achievements of our peers".



Professor James McElnay: external examiner for universities



Dr Terry Maguire: instigator of Vision 2020

Questiontime

in association with



UniChem

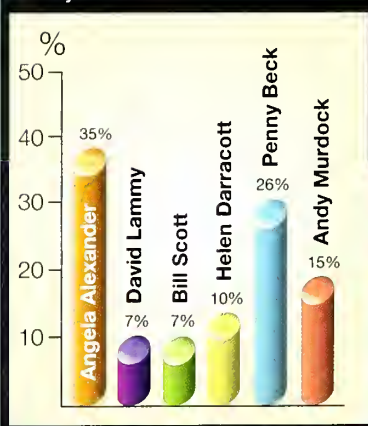
Last week we asked you: "Which of the following would you like to see in your stocking on Christmas morning?" You replied (see right):

This week's question: Which of the following is your greatest concern for 2003?

- OFT enquiry on control of entry
- Stock market instability
- Increased terrorism
- Collapse in property prices
- Increased taxes
- Other

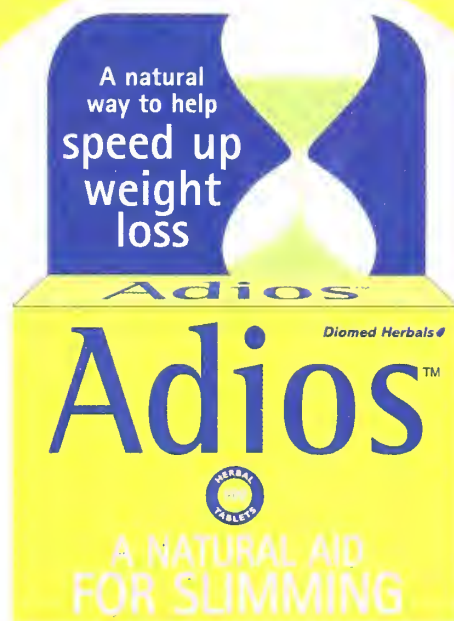
You can record your vote on our website: www.dotpharmacy.com. You have until noon on January 7 to cast your vote. We will publish the results in *C&D*, January 11.

What you told us



STOCK UP NOW FOR THE JANUARY RUSH

MAKE THEIR WEIGHT LOSS YOUR GAIN



fucus, boldo, butternut and dandelion root

Adios herbal tablets contain natural ingredients which act on the body's metabolism, to help speed up weight loss.

ADIOS Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK.
Directions: Adults and elderly: Take one tablet three or four times a day at mealtimes, as part of a calorie controlled diet. **Indications:** A herbal remedy traditionally used as an aid to slimming. **Contra-indications:** Not to be taken by children under 16 years. Not to be used if allergic to any of the ingredients. Not to be used during pregnancy or lactation. **Undesirable effects:** Diarrhoea may occur particularly in those receiving high doses. Do not store above 25°C. **Legal Category:** **GSL** **Packs:** Adios (PL 17418/0005) - 100 tablets, RSP £9.95 (£8.47 exc. VAT).



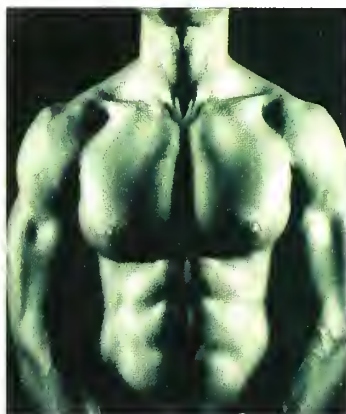
NORTHERN IRELAND

Body-builder drugs warning

Body-builders in Northern Ireland are being warned that a prescription analgesic being widely sold on the black market is counterfeit and potentially dangerous.

A recent operation involving the Medicines Inspectorate and the Police Service of Northern Ireland saw "a large quantity of medicines" commonly used by the body-building fraternity seized. This included a wide range of anabolic steroids and a substantial quantity of a product purporting to be Nubain Injection.

However, enquiries with the product holder Bristol-Myers Squibb "have now firmly established that the Nubain is a counterfeit product of unknown



Counterfeit Nubain poses a serious risk to body-builders

provenance". The counterfeit product is packed in 10ml vials bearing batch number BA561 and

an expiry date of December 2005.

The Department of Health, Social Services and Public Safety is concerned that any users of this product are warned of the potential serious health risks of using a product of such questionable safety and quality.

Anyone in possession of Nubain bearing the above batch number should cease using the product immediately and seek medical advice.

Anyone with information regarding the products should contact the Department's pharmaceutical branch on 028 9052 2952 or officers of the police drugs squad (028 9056 0222).

For more information:

www.ni-executive.gov.uk

MEDICINES

Slimming drugs get licence back

The Medicines Control Agency is reinstating the market authorisations for amfepramone (diethylpropion, Tenuate Dospan) and phentermine (Duromine, Ionamin).

The action follows a European Court of First Instance ruling to annul previous EC decisions to withdraw the licences.

The MCA says that this relates to a long-standing legal action and there is no new safety issue relating to these anorectic agents.

For more information:

www.mca.gov.uk

LEGISLATION

Kava-kava ban gets legal backing this month

Legislation banning the supply of medicines and food containing the herbal product kava-kava will come into force on January 13.

The Medicines for Human Use (Kava-kava) (Prohibition) Order 2002 prohibits the sale, supply or importation of any medicinal product containing kava-kava in the UK, except products that are for external use.

Parallel legislation to ensure kava-kava is no longer used in food products has been created by the Food Standards Agency.

Following a public consultation, the Committee on Safety of Medicines and the Medicines Commission have both concluded

that there is clear evidence linking kava-kava with rare cases of liver toxicity. There have been four reports of liver toxicity in the UK thought to be due to kava-kava consumption.

Licensed kava-kava products have been removed from the market in the EU and in Canada. In Australia products have been voluntarily removed while an investigation is conducted, and in the USA consumers have been warned of the risks of liver toxicity, pending the outcome of an FDA investigation.

For more information:

<http://www.hmsa.gov.uk/si/sis23-12.htm>

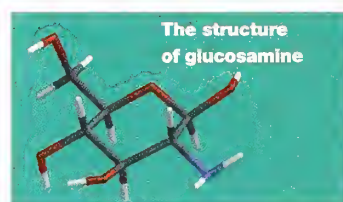
MEDICINES

Glucosamine content does not match label

Glucosamine content in Canadian OTC preparations varies widely from the amount stated on the packaging, according to a study published in the *Journal of Rheumatology*.

The study found that the amount of glucosamine base varied from 41 to 108 per cent of the content stated on the label, and the amount of glucosamine varied from 59 to 138 per cent, even when expressed as the sulfate.

Consequently, the authors say that if glucosamine sulfate is to be used as a therapeutic agent then glucosamine products must conform to a standard



in their description, and content must be marked on the packaging in terms of free base.

The Medicines Control Agency was unable to confirm if UK glucosamine preparations would be investigated.

For more information:

Journal of Rheumatology 2002; 29:2407-9

PRACTICE

Are you accessing electronic records? ask researchers

Community pharmacists who have access to electronic GP records are needed to help out with a research project.

Angela Alexander, secretary of Oxfordshire Local Pharmaceutical Committee, is working on the National Health Records Infrastructure Project.

In February three pharmacies in Headington will look at how pharmacists can access patient primary healthcare records that are stored in an electronic patient

record system at a local health centre.

Dr Alexander hopes that the project will demonstrate the advantages of being able to access the data, what sort of data is of value and the benefits for patients when health professionals involved in the care of the same patient can send messages to each other.

Several pharmacists have already contacted Dr Alexander via the Private-Rx internet



Dr Angela Alexander: wants more feedback on electronic records

mailing list but she would like to hear from any others and can be

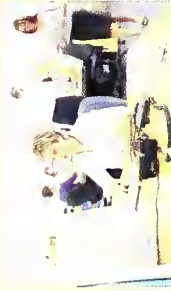
contacted by phone or e-mail (see below).

"Once pharmacists have access to the full health record the role of the community pharmacist will be very different. Being able to look up the patient's discharge notes or read their biochemical results will enhance the clinical role within pharmacy," said Dr Alexander.

For more information:

E-mail: amalexander@cix.co.uk
Tel: 01628 777451.

Why Use Eldon Laboratories?



- Single Source for all Specials

One phone call does it all!

- Reduced need for self made Specials

Free up valuable pharmacy time

- Complete support service

Ensures that your individual requirements are met

- Reduced Risk

Liability/Quality Assurance Issues are addressed

- Advanced clean room technology

Patient's product made under the best conditions

- Skilled manufacture, Pharmacist Release

For them the Special is an everyday occurrence

- High Ethical standards

Pharmacy Compliance with RPSGB Standard 21 not required

- Meets MCA requirements

A GN14 record is sent out with each product to aid compliance

 ELDON SPECIALS

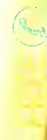


CREAMS SYRUPS ELIXIRS LOTIONS REEFERS POWDERS STERILES CAPSULES EYE DROPS INFUSIONS OINTMENTS SUPPOSITORIES INHALATIONS PASTES MIXTURES PASTILLES

special relationship

continuing to invest in specials technology and people... so you don't have to!

ELDON
LABORATORIES
one stop specials shop



0800 616132

FREE

0800 163961



orders@eldon-specials.co.uk

MULTIPLES

Gordon Davies (Chemists) expands

East Midlands-based pharmacy chain Gordon Davies (Chemists) Ltd has acquired two Nottinghamshire pharmacies previously owned by Graham Morris Ltd for an undisclosed sum.

The addition of the Newark-on-Trent and Balderton pharmacies as well as that of another business in Derbyshire brings the total number of branches in the Gordon Davies chain to 26. The company employs 160 staff, of whom 146 are shop based.

Managing director Simon Davis, son of the company's founder, said the group would continue to acquire more shops as and when the right opportunities presented themselves.

"Location is very important and remains one of our main considerations when acquiring more shops. All of our outlets have a strong local profile in the communities in which they operate," Mr Davis added.

PPRS report to Parliament published

The Department of Health and the Association of the British Pharmaceutical Industry have published the sixth report to Parliament on the Pharmaceutical Price Regulation Scheme.

The report found that despite an improved level of compliance by members of the scheme, the majority of whom submitted annual financial returns, concerns remained about the necessary transparency of these returns required under the scheme.

The full report is available at www.doh.gov.uk/pprs

Shire sells US OTC portfolio to Purdue Pharma

Shire Pharmaceuticals Group plc has sold its US portfolio of over the counter products to Purdue Pharma LP, an associated company, for \$72 million (£45m).

The portfolio includes Colace, Peri-Colace, Slow Mag and mineral oil.

Shire said that, while the OTC products were "valued and well-established brands", they were not central to Shire's global strategy.

With the company's focus being on four therapeutic areas, namely CNS, oncology, gastrointestinal and anti-infectives, the deal marks the completion of Shire's exit from the OTC market.

Locums offered non-Lloyds work

One of the UK's leading locum agencies, Provincial Pharmacy Locum Services, has told Lloydspharmacy that as of January 2, 2003 it will aim to provide locums currently working for the multiple with alternative employment at an hourly rate of £19 (weekdays).

The move comes in response to Lloydspharmacy's new locum rates for England and Wales, which put the standard hourly rate for weekdays before 7pm at £17.

PPLS claims that several of its locums have already taken up such alternatives, including those that have worked for Lloydspharmacy for several months and have got to know the customers well.

A letter sent to 5,500 PPLS locums states that "any employer has a prerogative to pay whatever hourly rates they wish."

"However, since there are numerous situations where pharmacies are still forced to close due to the continuing pharmacist

shortages, PPLS will continue to operate standard PPLS hourly rates as we believe that these reflect the laws of supply and demand."

But Lloydspharmacy's sales director, Ciaran McSorley, insisted that the recruitment of a significant number of pharmacists from Europe and South Africa had reduced the number of locum hours the pharmacy chain required.

"We have been quite uncomfortable about the extortionate rates charged by some agencies. We have to look to control our cost – it's about supply and demand," Mr McSorley said.

At the same time he admitted that there were still more manager vacancies at Lloydspharmacy branches than he would like, but stressed that these were coming down significantly.

Mr McSorley was hopeful that a level of between three and five per cent, which he described as



Ciaran McSorley: uneasy about "extortionate" locum rates

"not unexpected", could be reached within 12 to 18 months.

Asked about persistent reports of closures of Lloydspharmacy branches, Mr McSorley admitted that this had been a problem historically, but was adamant that the influx of Spanish pharmacists had eliminated this for the pharmacy chain.

RETAILING

Digital on a budget

KIS/Photo-Me has launched a new system called Digital Station Lab, which can be used as a stand-alone unit or in conjunction with analogue minilabs or other systems.

Images can be taken from all camera cards, CDs, floppy disks, ZIP disks and be burnt onto CD, or passed to a dedicated printer or minilab. An optional scanning unit is available to enable pharmacists to process images from film or existing prints.

Digital Station Lab offers advanced cropping options, creating sepia

or black and white images from colour negatives, adding frames and customised text, producing index prints, ID portraits, calendars, greeting cards, business cards and loose leaf album prints with several images on each page, along with a host of special effects, as well as copying from CD to CD. The system takes less than a minute to burn 24 images

onto CD. The starting price for Digital Station Lab is £8,000.

For more information:
www.kis-photome.com
E-mail: deborah.townner@photo-me.co.uk
Tel: 01372 453 399.



SURVEY

New authors of IPMI study

Future editions of the Institute for Pharmacy Management's annual workforce survey will be conducted by MEL Research Ltd following the decision by Gerry Green to relinquish responsibility for the study. MEL already has a track record of research into pharmacy personnel issues working with Aston University School of Pharmacy.

However, Mr Green will be working with MEL chief executive Dr Robert Pocock and his team to assist them in the transitional phase.

The questionnaire for the 2003 survey is due to go out to pharmacy multiples and job advertisers in the pharmacy press during the first week in January. The intention is to publish the results in the spring issue of the *Institute News*, which is due out at the end of March.

Any pharmacist interested in participating in the survey can request a questionnaire by emailing r.pocock@m-e-l.co.uk.

Pharmacy2U pilot renamed

Pharmacy2U's ETP consortium has been renamed 'e-script'.

A spokeswoman for the consortium said that the old name had been misrepresentative as it drew attention to just one of the partners in the consortium.

The aim was to get a name that was "a bit more descriptive" of the true make-up of the consortium as well as bringing it in line with other names in the marketplace.

The other two consortia, TransScript and Flexiscript, had chosen abstract names at a very early stage in their pilots.

POLICY

Resistance survey funds

The Scottish Executive is to provide £60,000 over the year to support the development of a national surveillance of antimicrobial resistance. The funding will be used to set up a Scottish Microbiology Forum and will finance a pilot study on collation and reporting of resistance data from two to four laboratories.

The announcement just before Christmas coincided with a report on antimicrobial resistance from the Advisory Group on Infection. This recommended that:

- a co-ordinated surveillance be set up to study the patterns of resistance across Scotland; and
- a range of organisations in the public health field, both in human health and veterinary practice, should contribute to the reporting and analysis of the data.

For more information:

www.show.scot.nhs.uk/sehd

Repeat dispensing fee 'not enough' claims contractor

A Somerset contractor, who increased the viability of her community pharmacy by offering a repeat prescription service, says the Government's remuneration offer for the repeat dispensing pathfinder sites is not enough.

Kathryn Jones of Porlock Pharmacy in Somerset said that despite making her essential small pharmacy more viable, improving stockholding and allowing her more patient contact, the scheme had additionally increased her workload.

"I would not have done it if I was not going to be financially rewarded by having 28-day

prescriptions," she said, adding that the level of remuneration for the DoI's repeat dispensing pathfinder sites was "probably not enough" to encourage pharmacists to take part.

After purchasing the business last year, Ms Jones approached her local GP and offered to provide a dispensing service in exchange for 28-day prescriptions.

The service, which currently has 130 patients, doubled prescription numbers and increased the number of patients coming to the pharmacy for advice rather than going to the surgery, said Ms Jones.

Clinical effectiveness body is established

Scotland's new clinical effectiveness organisation, NHS Quality Improvement Scotland, came into being on January 1.

The body will have greater powers to inspect and enforce any necessary improvements on NHS boards and trusts, and follows a review of Scotland's previous five clinical effectiveness organisations.

Among the appointments to the NHSQIS board are Professor John Cromarty, trust chief pharmacist at Highland Acute Hospital NHS Trust and visiting professor at the Department of Pharmaceutical Sciences, University of Strathclyde.

For more information:

www.scotland.gov.uk

NICE's decision-making examined

The Citizens' Council of the National Institute for Clinical Excellence has published a report looking at the factors NICE should take into account when making decisions about clinical need.

In particular, the Council has focused on:

- the most important features of diseases/conditions that should be considered when determining clinical need
- additional factors relating to

individual patients that should be considered, such as family responsibilities and individual choice

- and the weight NICE should give to the views of stakeholders when considering issues of clinical need.

NICE's board will consider the report at its public meeting on January 15 before issuing a formal response.

For more information:

www.nice.org.uk

Coming Events

JANUARY 7

Northern Scottish Branch, RPSGB

Management of errors and experiences of an error reporting system, by James Wallace, chief pharmacist, Royal Hospital for Sick Children, Glasgow, at the Marriott Hotel, Inverness, 7.30pm.

JANUARY 8

South Staffordshire Branch, RPSGB

Diagnostic products, by Jeremy Barber at Eaton Lodge, Rugeley, 7.30 for 8pm.

Remember that Solpadeine is the
most recommended
pharmacy-only pain reliever in the UK¹

When it comes to powerful pain relief, people trust Solpadeine[®]. And when it comes to recommending with confidence, you can trust Solpadeine too. If you want more Solpadeine customers, contact the Solpadeine Pharmacy Support Team – full details are given below. Let us show you how Solpadeine can make a difference for you.

Legal status: P Further information available from: e-mail customer.relations@GSK.com phone 020 8047 2700 p.p.s. GlaxoSmithKline Consumer Healthcare, 980 Great West Road, Brentford, TW8 9GS, U.K. ©Taylor Nelson Sotres Healthcare, Nov. 2001. Julie Davey Research, May 2000.



Paracetamol, Caffeine,
Codeine

Comment

from the Editor

The Prime Minister's warning of a difficult and possibly dangerous time ahead is not the best news to hope for as 2003 starts. As well as the threat of terrorism and a possible attack on Iraq, the wobble in the national economy is worsening. Until now, Britain has managed to buck the trend of most western economies which are suffering recession. But the sight of shops starting their January sales in mid-December indicates that the economy could be about to go through a sticky patch.

Consumer spending will impact on the viability of many pharmacies, although it used to be said that pharmacies and especially Boots would generally fare better than the wider retail sector, simply by stocking everyday necessities at affordable prices. That the profession is so dependent on the NHS's monopoly position will help many pharmacies continue, but Professor Ian Jones's article (*p24*) brings home just what an uncomfortable position that is to be in.

Specifically for contractors, the delay of the OFT enquiry, regardless of its recommendations, has held back a great deal of development both in business and professional service terms. As for the new contract, there is still another 15 months to go before it is likely to come into effect.

The generics enquiry and separate High Court challenge to recover £28 million due to the Department of Health's intransigence in tackling the category D problems (*p4*) may further eat into contractors' profits.

Oh dear. What should normally be a time of looking forward with eager anticipation is turning a bit gloomy although not necessarily doom-laden.

So what is our seasonal advice? It will not just be the outcome of the OFT enquiry which influences the way the pharmacy sector performs over the coming 12 months. Instead, it would behove us all to take a broader view of what's going on out there, just as the late Terry Norris urged. Plan ahead, don't be blinkered and make your voice heard, whether to the Government, the public or the employers of pharmacy services.

**Take a broader view...
plan ahead, don't be
blinkered and make
your voice heard**

Your views

A hospital pharmacist gives his views on the continuing saga over NHS pay

They say the devil is in the detail...

As you will no doubt have seen in the newspapers, the Government's pay modernisation plans for the NHS were issued on November 28: pay rises for everyone and the NHS is to be one big happy family, you might think.

Why is it that what you read in the newspapers often bears little resemblance to reality? The reality is that only part of the plan is available and the really contentious bits are supposed to be published in January or February. Despite the hype about everyone being better off, there is nothing in the published papers which supports this.

The devil is in the detail and the detail isn't yet available. The ranking order which will tell everyone how their job compares



Pharmacy technicians face the prospect of having to work an extra half hour each week, but for what pay?

with all the others in the NHS is still missing. The pay scales are still missing.

We are informed that the leaks detailing pay scales were possibly accurate at the time, but no longer reflect Department of Health

thinking. So how can anyone predict pay rises for all?

Large numbers of staff work less than the 37.5 hours that everyone is to move on to, so they will lose out and will not be happy. Pharmacists work 39 hours at the

moment, so it is an improvement for us, but pharmacy technicians face having to work an extra half hour each week.

The newspapers aren't the only ones with a tenuous grip on reality. The DoH believes that Whitley pay scales and rates are all that exist in the NHS. Sorry, eh. A considerable number of chief pharmacists earn more than the current top of the Whitley scale. There are various enhancements on these posts to reflect greater responsibilities and ensure that they are filled by people of the appropriate calibre. The same is true for other professions.

I have a sense of dread about the whole thing. I hope to be pleasantly surprised, but I am not holding my breath!

Reader
REPLY

CHI surveys

Your article about the Commission for Health Improvement survey for pharmacists would benefit from some clarification (*C&D* December 21/28, 2002, p6).

The CHI consulted with a number of pharmacy providers to develop the survey. The survey is clear and easy to complete, but CHI is always open to feedback from pharmacists working on the ground to help improve the inspection process.

The survey will be sent to all pharmacies within a PCT area as part of a PCT inspection. The survey asks pharmacists about their arrangements for clinical governance and the support they receive from the PCT. It is important that the views of pharmacists feed into PCT inspections.

Since your article was published, CHI and the United Co-op Pharmacy Group have met again. Future surveys will include a description of clinical

governance to overcome any misunderstandings about the term. Both organisations are committed to giving pharmacists the opportunity to report their views on local PCTs in this way.

James Ford, CHI,
and Nia Evans, United Co-op
Pharmacy Group

Pharmacy
Channel

The Royal Pharmaceutical Society has asked us to point out that it has written to the Pharmacy Media Company over an article in *C&D* (December 14, 2002, p10).

The article stated: "The company has been given special permission by the RPSGB to use the word 'pharmacy' in this context", when relating to the establishment of the Pharmacy Channel.

The Society says that a letter sent to the company in October 2001 was not a letter of special permission to use the restricted title 'pharmacy' for the company's promotional campaigns. Instead it was a letter for the purposes of Companies House, stating that the Society had no objection to the use of the restricted title 'pharmacy' in the company name Pharmacy Channel Ltd.

TOPICAL REFLECTIONS

The DoH cannot have its cake and eat it

The fur could soon start to fly in the High Court as the Department of Health seeks damages for costs it claims to have incurred during the 'category D' fiasco of the late 1990s. The essence of this first case was the claim that an agreement between Regent Laboratories, Goldshield and Norton resulted in an artificial increase in the price of warfarin and a consequent unreasonable charge to the Department of Health (*Sunday Times*, Dec 22).

Having lived through the trauma of those years (and warfarin is one drug among several that developed supply problems during the category D coping strategy) I cannot condone the actions of the drug companies if the case is found proved. But I do have sympathy for all the commercial participants in a market where the DoH cries foul over the manipulation of prices while itself does everything in its monopolistic

power to drive prices through the floor.

For the time being some stability has been introduced to the market by the extension of the maximum tariff price scheme for an as yet unspecified period (*C&D* December 21/28, p12). This is good news as I would prefer not to contemplate the disruption that further shortages would cause and the scheme does give me an incentive to buy competitively.

However, in the final analysis the DoH must recognise that it cannot have its cake and eat it. Generic competition has saved the NHS many millions of pounds and is at its most efficient when the marketplace is allowed to compete freely. If that means that 'profit' is made by both the pharmaceutical industry and pharmacy contractors then that must be accepted as the price of gain. Anything less will be unworkable.

Don't hold your breath over what 2003 may bring

Well, that is it for 2002 and a happy new year to you all. So what do I believe 2003 will bring? As usual I look forward to the next 12 months with hope but little expectation as the muddled waters of pharmaceutical progress appear as opaque as ever. There is the vague possibility that the health minister, David Lammy, is beginning to listen but if I balance that hint of understanding against the realities of political priorities then I will not hold my breath.

Primary care trusts must take community pharmacy seriously, says David Lammy (*C&D* December 21/28, p4). Yes, but they don't! So far my PCT has shown no desire to involve me. On the contrary, at the few meetings that have been arranged locally all I ever hear is patronising, brave new plans, grandiose dreams but no idea of how they will ever be realised.

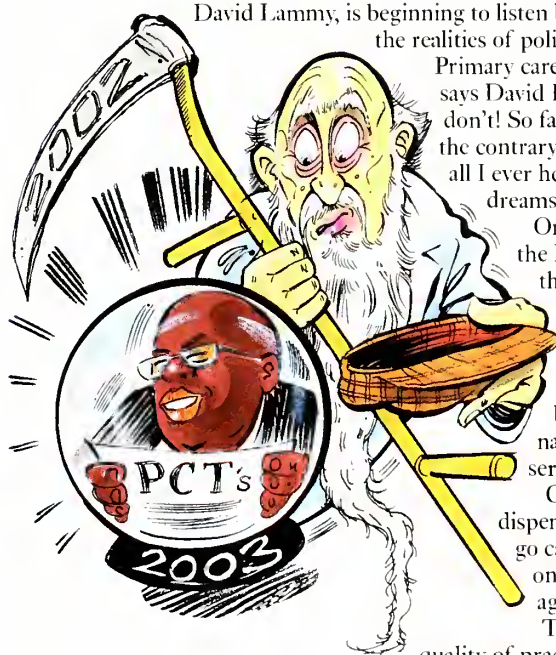
On the other hand GPs still dominate the thinking of the PCT and last year a new GP contract was agreed. In this month's *Professional Practice Matters* the NPA explained its content and the possible effect on community pharmacy. What an eye opener. A core service paid for with non-discretionary money and additional nationally negotiated services which can be accepted at the discretion of the GP with nationally agreed terms and conditions. Select your service, this is what you will be paid.

Compare that with pharmacy. Core service, to dispense prescriptions. Anything else, prove your case and go cap in hand to the PCT but just remember, you are on your own... no national direction, no national agreements and no guaranteed money.

Then there are the incentives schemes for improving quality of practice. GPs will receive generous incentives to improve quality of care for patients and infrastructure payments to

fund initiatives. They will be paid on results. The NPA see this as an opportunity for me to be involved. And, yes I could make an excellent case for using community pharmacies to improve disease management. All it will cost will be funded training and £200 per day.

But the debate is already lost, the doors of the executive firmly shut. Here is more money to do what should already be standard medical practice. But what a brilliant idea and another nice little money earner – all we need is another nurse!



Please e-mail your views to chemdrug@cmpinformation.com

Yes, minister, your support would help everyone

Health minister David Lammy, right, said he would investigate claims of a funding bias against community pharmacy projects at a meeting of the All Party Pharmacy Group in December. Afterwards Northeast London LPC secretary Hemant Patel, below, sent him this open letter...



At the APPG meeting you presented a vision for pharmacy and suggested that community pharmacy was an important part of the NHS workforce and infrastructure. I, and many of my colleagues, appreciated this very much.

During the question and answer session you asked us to write to you with examples which made community pharmacy contributions effective and ineffective. At the meeting, with a limited time to put questions, I may have come across as someone who was only experiencing difficulties.

This is, in fact, not true. I have experienced real joy from collaborating with health authority staff at all levels in Barking & Havering, and subsequently with the PCTs. I now cover, as an LPC secretary, eight PCTs in the Northeast London region and see extremes of good and bad examples of inclusion, involvement and support.

I also attend meetings of the LPCs in the whole of the old Northeast London region, which stretched from Camden and Islington to Essex. In one shape or form there are a number of things that prevent proper inclusion,

involvement and contribution of community pharmacy.

Firstly, marginalisation of community pharmacy begins at the top of the hierarchy. In some PCTs community pharmacy is seen as a low priority area. Decisions about investment and support are delegated to junior managers.

Lord Hunt was aware of the problem. In his speech at the PSNC Dinner in March 2000, he had threatened to introduce performance indicators to monitor progress on the inclusion and involvement of community pharmacy in provision of services.

In January of the same year, at Barking & Havering LPC dinner, he had, after speaking to LPC representatives, amended his notes and called for a place on the top table of decision making.

It would be interesting to compare the situation nationally then and now. There certainly needs to be a baseline defined for future assessments.

Based on my conversations with other LPC secretaries, I would say that there is a low awareness at the highest level of PCT management of the present or future potential of community pharmacy contribution.

In fact, there is a strong possibility that many PCTs have little awareness of the key features of *Pharmacy in the Future*.

Secondly, pharmaceutical advisors at PCTs generally come from secondary care to manage drugs budgets and improve quality of prescribing. Hospital consultants would not be employed to give PCTs advice on GP services, yet hospital pharmacists employed as pharmaceutical advisors are asked to advise on everything pharmaceutical without additional support from anywhere.

Quite often pharmaceutical advisers have no feel for community pharmacy and they do not have a capacity to develop services in this sector.

If community pharmacy is to prosper in the new NHS then there needs to be a national review to understand the limitations of its capability and capacity.

Often one pharmaceutical advisor is expected to devote time to improve complex prescribing



issues; give advice on drug issues; manage, on average, over 40 GP surgeries; liaise across and manage the primary care/secondary care interface; and develop community pharmacy. Is this a realistic way forward?

In many PCTs, they dream up schemes and, when everything is cut and dried, present them to community pharmacists. They then appear surprised when contractors protest about the practicality of the scheme and that they have not been consulted.

This has not been helped by the very short timescale for inclusion of pharmacy-led services in the three-year plans. This has caught many LPCs and PCTs on the hop. There is a real danger that many PCTs will make little or no provision for the development of pharmaceutical services over the next three years.

This alone would, in my view, bring about the failure of the *Pharmacy in the Future* agenda as well as contributing to failure to reach many of the targets in the NHS plan, particularly access to a health professional, and the delivery of objectives set out in the various National Service Frameworks.

Thirdly, Professional Executive Boards and Locality Boards, where they exist, are well populated with GPs. Many of them use blatant and other less obvious blocking tactics to prevent community pharmacy developments.

This makes the life of PCT employees at all levels difficult, even where there is goodwill. A

combination of well-practised sniping and outright sabotage is ensuring that community pharmacy does not get a look-in when it comes to fair and equitable distribution of NHS resources.

Fourthly, many LPCs and pharmacists are not enterprising enough to take advantage of the new environment that government is creating to improve patient care through inclusion and involvement. There is real fear, ignorance and paralysis.

This is, perhaps, not surprising when there are the uncertainties created by the Office of Fair Trading, establishment of 'one stop' primary care centres, and the generics review. These issues impact on the financial future of many individual pharmacies.

There are, also, many in community pharmacy who are in it for short term financial gain rather than developing a service to hand over to the next generation of pharmacists. Having said that, a degree of security linked to a commitment to develop patient-centred services would produce a different professional climate and a better service for the future.

You mentioned in your replies to questions the need for community pharmacy to engage in work relating to public health and reducing inequalities. The subject is poorly understood at all levels of community pharmacy including national organisations.

Without guidance I feel that community pharmacy might set off on a wild goose chase. I suggest that a public health specialist is engaged to give guidance to pharmacy organisations, and that the NHS team repeatedly target messages until there is sufficient momentum and evidence of progress in this area.

You have promised to take action to ensure equity of opportunity for all, including community pharmacy. I am taking that promise seriously. My colleagues in Northeast London and I promise to continue to work hard to improve access and quality of service, and thereby increase patient confidence in the NHS.

Your supportive action would help everyone.

Alcoholic fails to take second chance

A London pharmacist whose career has been wrecked by a catalogue of drink-related incidents appeared drunk on the rare occasions he turned up for work, the Royal Pharmaceutical Society's Statutory Committee heard on December 10, 2002.

Pharmacist Vinay Kant Bhatt, of Stanmore, Middx, was given a chance to beat his addiction, but relapsed and has been ordered to be struck off for a second time.

Mr Bhatt was employed as a pharmacist by KL Pharmacy, south London, but on July 4, 2000, he arrived late, fell over in the dispensary, smelled of alcohol, was shaky and talking to himself.

He also failed to arrive for work at a Superdrug in Slough, on July 1, 2000, claiming his car had broken down and on July 15 failed to show at Boots, Knightsbridge, claiming illness.

On January 15, 2002, the Statutory Committee agreed to give Mr Bhatt, who claimed he was no longer drinking, an opportunity to prove himself, but

over summer returned to his old ways.

At the hearing on December 10, 2002, Mr Bhatt admitted failing to show up at ABC Drugstores Ltd in Wandsworth Bridge Road, Fulham, on June 6, telling bosses he was ill.

He did work in the pharmacy on June 5 and June 7 when staff noticed he made frequent toilet trips and by the end of the day his speech was slurred and he smelled of alcohol. He failed to return the following week.

Mr Bhatt phoned Benjamin Cory Ltd in St John's Wood on September 16 this year, claiming his father's illness ruled out work, but his boss noticed his voice was slurred and he seemed confused.

The next day he took more time off, getting his 87-year-old mother to make a telephone excuse insisting her son was ill and had to go to hospital.

Geoffrey Hudson, representing the Society, said: "Mr Bhatt, in a period when you would expect

him to show his past was behind him, exhibited similar conduct showing his alcohol abuse is not a thing of the past."

The pharmacist had been struck off previously due to alcohol problems, but had been restored to the Register in 1999.

In May, 1992, he received a two-year driving ban for being more than three times over the alcohol limit and made 11 court appearances the following year for offences involving drink.

In 1995 Mr Bhatt was jailed for drink driving again, receiving sentences of two months for being over three times the legal limit and three months for failing to provide a breath test on two consecutive days. In 1995 he was jailed for 28 days for refusing a police breath test when stopped.

The Committee was anxious to hear of his progress with treatment provided by Hillingdon Healthcare NHS Trust and even previously suggested blood tests every two months to test the pharmacist's drink consumption.

Mr Bhatt failed to impress the Committee, admitting he had relapsed last summer. "I did relapse at that time, due to my dad's ill health; this was the first time for a year and a half. I was drinking spirits, vodka, about a quarter of a bottle."

He admitted drinking before arriving at work.

Announcing the decision to remove Mr Bhatt's name from the Register, Committee chairman Lord Fraser QC of Carmyllie said: "What we have is evidence previously replicating the misconduct that brought him originally before us: drinking on pharmacy premises and breaches of professional undertakings."

"Repeatedly we have given Mr Bhatt opportunities to put his alcohol problems behind him, but he has sadly failed to grasp those opportunities. We can't take the risk of allowing him to determine the time of his recovery."

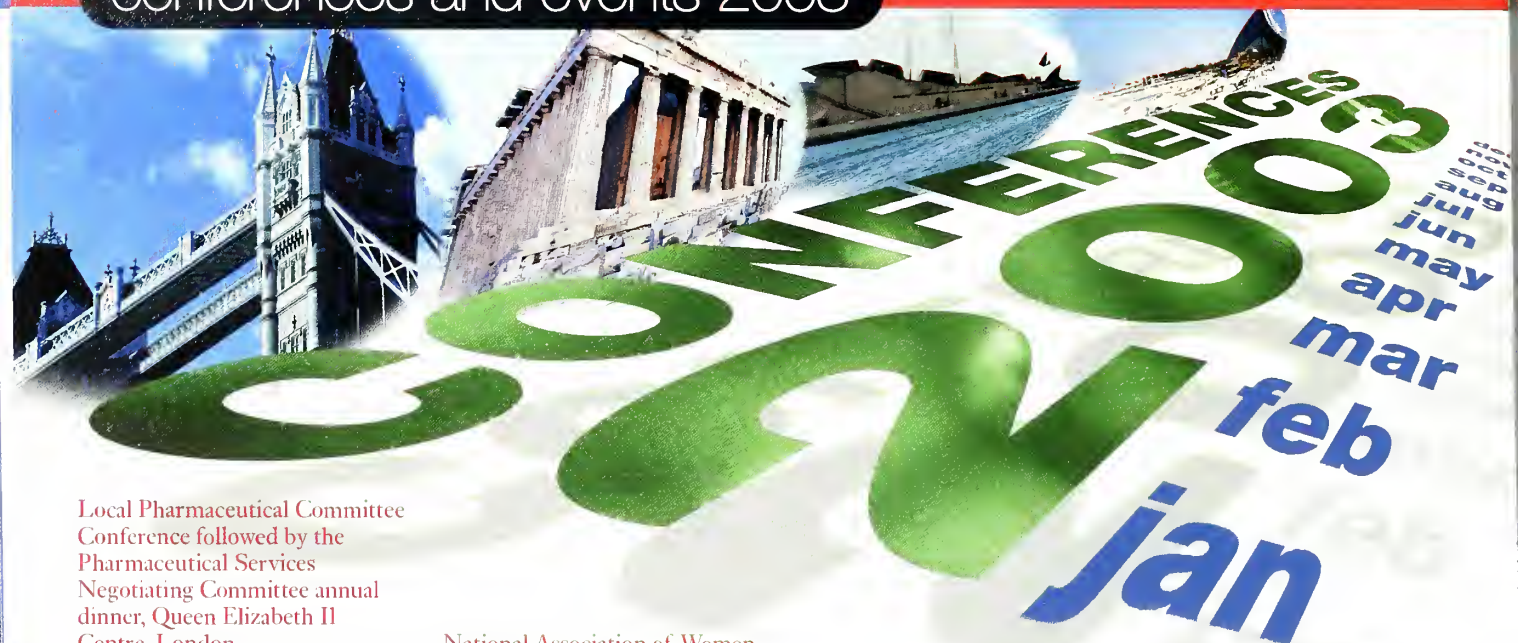
Mr Bhatt has three months in which to appeal against the Committee's decision.



Anti Itch
Balneum® Plus
soya oil, lauramcrogols

Because scratching is for dogs.





Local Pharmaceutical Committee
Conference followed by the
Pharmaceutical Services
Negotiating Committee annual
dinner, Queen Elizabeth II
Centre, London
March 3
For further information:
PSNC 01296 432823

HC 2003 healthcare computing
conference and exhibition,
Harrogate
March 24-26
For further information:
01932 821723 or
www.healthcare-computing.co.uk

Association of the British
Pharmaceutical Industry annual
general meeting and dinner,
Grosvenor House, Park Lane,
London
April 3
For further information:
020 7930 3477.

Guild of Healthcare Pharmacists
weekend school, Bristol
April 4-6
For further information:
Richard.cattell@ghp.org.uk

Institute of Pharmacy
Management International spring
conference, Hilton Hotel, York
April 5-6
For further information:
Nicholas Wood 01277 823889.

British Society for the History of
Pharmacy annual conference,
King's Manor Hotel, Edinburgh
April 11-13
For further information:
Peter Homan 01372 723001

British Pharmaceutical Students'
Association annual conference,
Cardiff
April 12-18
For further information:
Conference@bpsa.com

Avicenna annual conference, the
Astir Palace Resort, Athens
April 17-21
For further information:
01883 373637

National Association of Women
Pharmacists annual general
meeting and weekend conference,
Derby
April 25-27
For further information:
Vela Burden 0116 2767694 or
vela@btinternet.com

European Society of Clinical
Pharmacy spring conference,
Lisbon, Portugal
May 14-17
For further information:
+31 71 5722430
www.escp.nl

Primary Care 2002, NEC,
Birmingham
May 8-9
For further information on:
0151 709 8979

Nucare Convention, Marriott
Forest of Arden Hotel and
Country Club
May 9-11
For further information:
Alan Turner 020 8731 2468

United Kingdom Clinical
Pharmacy Association Spring
Symposium and annual general
meeting, Hilton Hotel, Warwick
May 9-11
For further information:
Mrs Kennedy 0116 277 6999

Royal Pharmaceutical Society
annual general meeting, and
branch representatives' meeting,
Royal Pharmaceutical Society,
Lambeth
May 14, 15
For further information:
Amanda King 020 7572 2333

Cosmetics, Toiletry & Perfumery
Association annual general
meeting and dinner, Hotel
Intercontinental, London
May 22
For further information:
020 7491 8891

The Ulster Chemists Association
conference, Nuremore Hotel,
Carrickmacross, Co Monaghan
May 25-26
For further information:
Adrienne Clugston 028 9032 0787

The Vantage Convention,
Singapore
May 30 - June 5
For further information:
Expertease 020 7936 8450

European Proprietary Medicines
Manufacturers' Association
(AESGP) annual meeting,
Cannes, France
June 4-6
For further information:
+32 (0) 2735 5130 or www.aesgp.be

British Association of
Pharmaceutical Wholesalers
annual general meeting,
Grantham, Lincolnshire
June 18-20
For further information:
01252 711412 or www.bapw.co.uk

Proprietary Association of Great
Britain annual general meeting
and dinner, Hilton Hotel, Park
Lane, London
June 19
For further information:
020 7242 8331

RPSGB Scottish Executive
annual general meeting, 36 York
Place, Edinburgh
June 18
For further information:
Dr Sheila Stevens 0131 556 4386

RPSGB Welsh Executive annual
general meeting and lecture,
Aberdare Hall, Cardiff
July 19
For further information:
02920 412800

Commonwealth Pharmaceutical
Association conference, Jamaica
August 13-17
For further information:
020 7572 2364

International Pharmaceutical
Federation (FIP) International
Congress, Sydney, Australia
September 4-9
For further information:
+31 7030 21987 or www.fip.org

British Pharmaceutical
Conference, Harrogate
International Centre
September 15-17
For further information:
0121 559 3445

The Unichem convention, Dubai
September 26-October 3
For further information:
SOLER on 020 8875 3001

Institute of Healthcare
Management annual conference,
Telford
October 7-8
For further information:
020 7881 9235

The Numark Convention,
Adam's Beach Hotel, Cyprus
November 1-7
For further information:
Betty Kelly 01827 841200

United Kingdom Clinical
Pharmacy Association autumn
symposium, Hilton Hotel,
Blackpool
November 21-23
For further information:
Mrs Kennedy 0116 2776999

The National Institute for
Clinical Excellence annual
conference, ICC, Birmingham
December 1-3
For further information:
Sterling events 0151 709 8979

Customers who have spent Christmas shouting at elderly relatives may persuade them to seek advice about hearing loss. Consultant audiologist *Dr Susan Snashall* explains how pharmacists can help

Help with hearing

Hearing loss is a common condition in the elderly – a patient population that is likely to come into regular contact with pharmacists. It also affects those who have been exposed to extreme noise, illness (such as meningitis and diabetes) and certain medications (such as aminoglycosides and cytotoxic agents).

In the UK, an estimated 8.7 million people have hearing loss.¹ Hearing aids can help most people lead a normal life, but many are reluctant to wear them because of the associated stigma, and because they become frustrated that hearing aids do not restore normal hearing, especially in speech noise.

According to the National Institute for Clinical Excellence, around 10 per cent of adults could benefit from hearing aid services but are either unwilling to use them or do not access them because their hearing loss remains undetected.²

Pharmacists have an important role to play in helping to detect those with an untreated hearing problem and recommending to such individuals that they may benefit from audiology services. It is also important that pharmacists can assess how well someone with suspected hearing loss understands their instructions. This is, of course, particularly important in older people, who are more likely than younger ones to be on a range of medications.

Causes

Sound passes along the ear canal to the eardrum, causing it to vibrate and move the three small bones of the middle ear (the malleus, incus and stapes). The vibrations pass into the fluid in the inner ear – the cochlea – which is lined with tiny hair cells that bend as the fluid moves, generating signals in the auditory nerve.

Different sound frequencies are picked up by different groups of hair cells (see also *Pharmacy Update*, C&D, December 14, p21-24).

There are two types of hearing loss (which can co-exist): **Conductive hearing loss** occurs when there is a lesion in the external auditory canal or middle ear and sound cannot get through to the cochlea. Conditions such as wax in the ear canal, otitis media or fluid in the middle ear can cause conductive hearing loss, which is usually mild to moderate in severity and is improved by hearing aids.

Sensorineural hearing loss occurs when there is a lesion in the cochlea or auditory nerve. This is often caused by a deterioration of the cochlear hair cells, which, in turn, may have been caused by noise, drugs or a genetic predisposition.

Sensorineural hearing loss can be severe and may be improved by hearing aids, although this type of loss is accompanied by loss of cochlear tuning and distortion that cannot be helped.

Presbycusis, the progressive loss of hearing that occurs with age, is a form of sensorineural hearing loss, and is often accompanied by central auditory processing disorder (CAPD).

CAPD is a condition in which the brain has difficulty unscrambling sounds, affecting ability to hear in noisy surroundings; it is extremely common in older people.

Symptoms

Signs of hearing loss include difficulty hearing when the speaker's face is not visible, and misunderstanding information. People with untreated hearing loss, therefore, often have difficulty understanding speech and are usually unable to hear well in the presence of background noise. And, unlike when eyesight deteriorates, people with mild hearing problems often fail to notice the gradual loss.

It is helpful if a pharmacist is well lit, so that someone who is struggling to hear can easily focus on a pharmacist's face to follow his or her speech. Also, if a



Dr P. Marazzi/Science Photo Library

Hearing aids improve hearing in people with partial deafness

pharmacist suspects that someone is struggling to understand their instructions and there is a lot of background noise, it may be better to defer the consultation until the noise ceases.

If a pharmacist suspects that someone has hearing impairment, there are questions, tactfully broached, that he or she might ask to help indicate to a patient that there may be a hearing problem. If a patient answers positively to these questions, it is worth considering a discussion about accessing hearing aid services.

Questions to ask patients in whom hearing loss is suspected:

- do other people seem to mumble?
- is it difficult to hear other people's voices in a noisy pub or

restaurant while your friends seem to manage quite well?

- do you find other people's television or radio volume too low for you to hear clearly?

● do other people comment that your television or radio is too loud for them?

- do you sometimes misunderstand what others are saying?

● do you find yourself 'filling in the gaps' when you have misheard what someone has said to you?

- do you often have to ask others to repeat what they have said to you?

Left untreated, hearing loss can be a significant cause of psychological withdrawal in social

Continued on page 18 ►



situations, leading to feelings of isolation, lack of self-confidence and depression.¹ Early detection of hearing loss is important because the earlier the problem is diagnosed the easier it is for patients to adjust to a hearing aid and the sooner they can start enjoying the freedom of being able to hear well again.

The brain adjusts its level of listening to the level of the incoming signal. When a hearing aid is first worn the sound seems much too loud until the amplifiers in the brain have readjusted. Some hearing aid wearers never get past this stage as the hearing aid is not worn for long enough for the brain to readjust.

It is worth bearing in mind that those in their middle years are often unwilling to acknowledge hearing loss or seek help because they fear that confirmation of hearing difficulty will label them as 'ageing'.

Pharmacists may need to spend more time consulting with people with hearing loss. The following practical tips should help improve effective communication:

- ensure you have the patient's attention before speaking;
- look directly at the patient, maintaining eye contact;
- make sure the light is on your face and not the patient's;
- minimise background noise;
- if a patient is wearing a hearing aid, ensure it is switched on;
- speak clearly and a little more slowly than usual;
- speak up, but don't exaggerate lip movements;



Don Seed

- supply written, as well as verbal, instructions for medication and other information;
- use gesture and expression to enhance meaning;
- check that the patient has understood;
- use plain, everyday language.

Referral

The first port of call is the GP to have the ears checked for wax as no services can be accessed if wax is present. Because of a shortage of audiology professionals and limited budgets, there are often long delays in NHS treatment. Time from GP referral to hearing aid fitting can vary substantially between hearing aid centres.

Indeed, in some areas, the wait to see an NHS hearing aid audiologist is longer than a year.⁴ Waiting times are shorter in the private sector.

Private services and aids

It is important to remember that there are many and varied private audiology services. Prices range from £300 to £2,500 per aid. Patients should always check if a hearing aid dispenser is registered with the Hearing Aid Council (HAC), which regulates the conduct of hearing aid dispensers. Some

private hearing aid dispensers offer home visits, but some people may feel under pressure to make decisions in this kind of environment.

Alternatively, there are opportunities for pharmacies to offer their own private dispensing service. Boots, for example, entered the private audiology market in March 2001. A number of its larger stores have Hearingcare centres, where hearing assessments costing £25 are carried out by hearing aid audiologists. Boots offers a digital disposable hearing aid for £26 per month per ear, giving patients the option to "try before they buy". This type of aid, however, is only suitable for those with mild to moderate hearing loss.

All NHS audiology services, hearing aids, batteries and maintenance of hearing aids are free of charge. Unfortunately there is a national shortage of audiology professionals so that demand has outstripped capacity in many areas, generating long waiting lists in some health authorities, although some services are able to offer appointments and fittings within two weeks.

The Government has sponsored an accelerated training programme and changed management within existing services. Training is being rationalised across the public and private sectors. The long waiting times will therefore gradually decrease

over the next five to 10 years.

Referral is via the GP to an ENT/audiological medicine specialist or an NHS audiology practitioner. People meeting certain criteria can bypass the specialist doctor and go directly to the audiologist. There is a large, comprehensive range of analogue hearing aids, including digitally programmable models, covering all types and degrees of loss, delivered by body-worn, behind the ear (BTE), in the ear (ITE) and bone conducted instruments.

NICE has recommended that the full range of analogue NHS hearing aids be available in every centre and that hearing aids should be fitted to both ears wherever audiologically indicated, as long as this is what the patient wants.² This recommendation has been universally implemented.

The most commonly prescribed device is the BTE, which is currently given to half of all people who consult on the NHS.² In-the-canal (ITC) aids, completely-in-the canal (CITC) aids and digitally-programmable digital hearing aids are not yet routinely available on the NHS. The availability of digital hearing aids on the NHS is currently limited to those NHS Trusts that are taking part in the Department of Health Modernising Hearing Aid Services project, run by the Royal National Institute for the Deaf. Once this research is complete digital hearing aids will be part of the NICE recommendations to all NHS hearing aid services.

All NHS hearing aids remain Government property. Batteries are free and faulty instruments are replaced free of charge, but lost or damaged hearing aids may be charged for in the same way as library books.

References:

1. Davis, A (1995). *Hearing in Adults*. Whurr.
2. National Institute for Clinical Excellence (2000) *Guidance on hearing aid technology. Technology Appraisal Guidance 8*.
3. Chen, HL (1994). *Hearing in the elderly. Relation of hearing loss, loneliness and self-esteem*. *Journal of Gerontol Nurs* 20; 6, 22-8.
4. Royal National Institute for Deaf People (2001). *Report - Audiology in Crisis - Still Waiting to Hear*.

Dr Susan Snashall is a consultant audiologist at the Department of Audiological Medicine at St George's Hospital



The knowledge

Cambridge Counterpart is the complete guide to working on the medicine counter

The Cambridge Counterpart training course has given over 10,000 pharmacy assistants the knowledge they need to work professionally and effectively on the medicines counter. It remains the easiest to use and the best value training course for counter assistants.

Counterpart's 14 distance learning modules are accredited by the College of Pharmacy Practice.

How to register

Each assistant must be registered for telephone marking and certification at a cost of £35.25. Each assistant will also need access to a training pack. A pack costs £23.50 and can be used by up to four assistants.

Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.



Pharmacist

Pharmacy

Address

Post Code

Telephone

Fax

Course registration fee of £35.25 per person

Name £

Name £

Name £

Name £

Sub total £

Please include () sets of modules at £23.50 each £

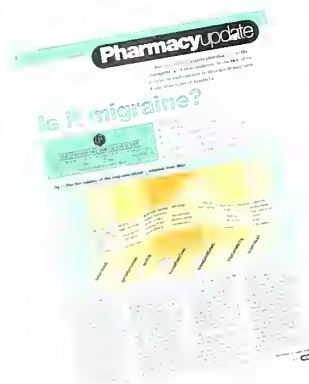
Total £

All prices include VAT

Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

For further information, or to make a credit card payment, contact Mary Prebble on 01732 377269

This data may also be used by CMP Europe Ltd or CMP Information Ltd and shared with any member of the United Business Media group world-wide, associated companies and subsidiaries for the purposes of customer information, direct marketing or publication. Data may also be made available to external parties on a list rental or lease basis for purposes of direct marketing. If you do not wish data to be made available to external parties on a list rental or lease basis, please write to the Data Protection Co-ordinator, CMP Information Ltd, Dept [CDM650], FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357.



2000

1149	Heroin	January
1150	Auto-immune disorders	January
1151	Adverse reactions	January
1152	Allergies in the home	February
1153	Chronic daily headache	February
1154	Endometriosis	February
1155	Transplants	March
1156	Asthma triggers	March
1157	Evidence-based medicine	March
1158	Heart disease	April
1159	A medical herbalist	April
1160	Porphyria	April
1161	Services to homes	May
1162	Migraine misery	May
1163	Anxiety disorders	May
1164	Treatment options in migraine	May
1165	Travellers' diarrhoea	June
1166	The cost of NSAID-induced bleeding	June
1167	Services to homes	June
1168	Psoriasis	June
1169	Spasticity	July
1170	Nutrition	July
1171	Oral contraceptives	July
1172	Drug misuse	August
1173	Nutrition	August
1174	Case History: rheumatoid arthritis	August
1175	Type 2 diabetes	September
1176	Alzheimer's disease	September
1177	Type 2 diabetes	September
1178	Emergency contraception	October
1179	Benzodiazepine misuse	October
1180	Varicella-zoster infections	October
1181	Haemorrhoids	November
1182	Trace elements	November
1183	Multiple sclerosis	November
1184	Water soluble vitamins	December
1185	Constipation	December
1186	Influenza	December

2001

1187	Cystic fibrosis	January
1188	Probiotics	January
1189	Strokes	January
1190	Atherosclerosis	February
1191	Asthma	February
1192	Psoriasis case history	February
1193	Asthma management	March
1194	Irritable bowel syndrome	March
1195	Drugs & the elderly	March
1196	Diabetes & cardiovascular disease	April
1197	Coughs	April
1198	Nutrition in the elderly	April
1199	Breast cancer	May
1200	Nutrition in the elderly part 2	May
1201	Mental health (St John's wort)	May
1202	Coronary heart disease	June

1203	Ear complaints	June
1204	Skin complaints	June
1205	Physiology of the heart	July
1206	Male testosterone therapy	July
1207	Pain relief in cancer	July
1208	Parkinson's disease	August
1209	Malaria	August
1210	Body basics: blood & lymphatic systems	August
1211	Blood components	September
1212	Prostate problems	September
1213	Analgesics in asthma	September
1214	Selling vaccines	October
1215	How safe are statins	October
1216	Immune mechanisms	October
1217	Candida part 1	November
1218	The digestive tract	November
1219	Ovarian cancer	November
1220	Dental hypersensitivity	December
1221	Nutrients	December
1222	Fats in diabetes	December

2002

1223	Clinical depression	January
1224	PMS	January
1225	Osteoporosis	January
1226	Respiration	February
1227	Multiple myeloma	February
1228	Angina	March
1229	Central nervous system	March
1230	Gastro-oesophageal reflux disease	March
1231	Musculo-skeletal system	April
1232	Anxiety	April
1233	Hypertension	April
1234	Obesity part 1	May
1235	Obesity part 2	May
1236	MI	May
1237	Reproduction	June
1238	Oral contraception	June
1239	Coeliac disease	June
1240	Heart failure	July
1241	Woundcare	July
1242	Body basics: eyes	July
1243	Antipsychotics	August
1244	Arrhythmias	August
1245	Body basics - skin	August
1246	Migraine part 1	August
1247	Migraine part 2	September
1248	Gout	September
1249	Unusual sleep disorders	September
1250	Epilepsy	October
1251	Osteoarthritis part 1	October
1252	Osteoarthritis part 2	November
1253	Sprains and strains	November
1254	Aene or Rosacea	November
1255	PPIs	December
1256	Ear, nose and throat	December

Eye drops and airways risk

Patients using topical beta-blocker eye drops who develop airways obstruction should stop using their drops immediately, according to a study in the *BMJ*.

The population-based cohort study examined whether topical beta-blockers are associated with excess respiratory disease in elderly patients not considered at risk.

The study showed that 1,000 patients per year are at risk from airways obstruction due to topical beta-blockers. However, after the

first year of exposure the risk ceases to be significant.

Beta-blockers such as timolol, betaxolol and levobunolol are the most commonly prescribed drugs for glaucoma in the UK. The *BNF* includes a warning from the Committee on Safety of Medicines on the potential risk of bronchospasm in patients with a history of asthma or obstructive airways disease.

The study suggests that where patients' eyesight cannot be

threatened within their expected lifetime many elderly patients may be better off left untreated than risk airways obstruction.

Pharmacists need to be aware of the risk of iatrogenic airways obstruction and a repeat prescription that includes topical beta-blockers and drugs for asthma "should automatically sound an alarm", conclude the authors.

For more information:

BMJ 2002; 325: 1396-1397
www.bmj.com

Echinacea does not treat colds

Echinacea has been found to make no difference to the length or severity of colds in a small study of American college students.

In the randomised, double-blind, placebo-controlled trial of 148 students, an Echinacea combination (*E. purpurea* herb 25%, root 25% and *E. angustifolia* root 50%) was taken in 1g doses six times on the first day of illness, and three times on each following day of illness for up to 10 days.

No statistically significant differences were detected between the treatment and control groups. The authors of the study, published in the *Annals of Internal Medicine*, acknowledge that the small size of the study using only healthy young people may have made it harder to detect any benefit from echinacea.

Meanwhile, a review of herbal medicines in the *New England Journal of Medicine* says that clinicians should not prescribe or recommend herbal remedies, unless there is well-established evidence of their effectiveness. However, these products will continue to appeal to patients and health professionals must be aware of the potential effects and side-effects of herbal products. This *NEJM* review concluded that properly designed trials with well-defined preparations are needed as product compositions vary widely.

For more information:

Ann Intern Med 2002;137:939-946
www.annals.org
www.nejm.com

Flu prophylaxis for residential homes

Oseltamivir (Tamiflu) seems to offer additional protection against influenza for elderly people in residential homes who have already been vaccinated.

The *Drug and Therapeutics Bulletin* concludes that although annual vaccination remains the "cornerstone of prophylaxis" for all those at risk from influenza and its complications, it is reasonable to offer oseltamivir to residents and staff of homes where an outbreak can spread rapidly. Such prophylaxis should be continued until the outbreak has subsided.

However, when used to treat early influenza-like illness in otherwise healthy adults and children it offers "only modest benefits", according to the *DTB*. If started within 36 to 48 hours of symptom onset it can shorten the illness by around one or one and a half days.

Oseltamivir may also reduce the incidence of common complications such as bronchitis and otitis media.

The *DTB* concludes that there is insufficient evidence of benefit in patients most at risk from influenza and serious complications and it cannot therefore recommend oseltamivir for the treatment of acute influenza-like illness.

●The National Institute for Clinical Excellence guidance on the clinical and cost effectiveness



of amantadine, oseltamivir and zanamivir for influenza has been delayed until February or March.

For more information:

www.which.net
www.nice.org.uk

Scriptlines

Lantus daily dose at same time

Aventis Pharma has updated the dosage for Lantus (glargine) insulin. The SmPC now says it should be administered once daily at any time, but at the same time each day.

For more information:

Aventis Pharma
Tel: 01732 584000.

Generic duo launched

Ratiopharm has launched generic aciclovir 5 per cent cream (2g) and enalapril maleate and hydrochlorothiazide 20/12.5mg tablets (28s).

For more information: see Price List supplement

Ratiopharm
Tel: 023 9238 6330.

Movicol-Half aids dosing

Norgine has launched Movicol-Half powder for oral solution to provide additional dosage flexibility in the treatment of adults, adolescents and the elderly with constipation.

Each sachet should be dissolved in 62.5ml of water. Patients must store the solution at 2 to 8°C and discard any that is unused within six hours.

Price: £2.99 (20s), £4.48 (30s)

Pip code: 290-9034 (20s),

290-9042 (30s)

Norgine

Tel: 01895 826600.

Micardis plus diuretic

Boehringer Ingelheim has launched MicardisPlus tablets, a

combination of telmisartan 40mg or 80mg with hydrochlorothiazide 12.5mg.

It is indicated for the treatment of essential hypertension in patients whose blood pressure is not adequately controlled on telmisartan alone.

MicardisPlus, which is packaged in calendar strips, should be taken once daily, with or without food.

In addition, black triangle status has been removed from Micardis, and only serious reactions need to be reported to the CSM.

Price: £12.60 (40/12.5mg), £15.75 (80/12.5mg)

Pack size: 28 tablets

Pip code: 289-6082 (40/12.5mg), 289-6090 (80/12.5mg)

Boehringer Ingelheim
Tel: 01344 424600.

Clozaril product summary changes

Novartis has modified the summary of product characteristics for Clozaril (clozapine) tablets.

Changes have been made to several sections, including indications, contraindications, and adverse effects.

Clozaril is now indicated for the treatment of psychotic disorders occurring during the course of Parkinson's disease, where standard treatment has failed.

Also, it is no longer a requirement for initiation of Clozaril treatment to be in hospital in-patients.

For more information:

Novartis
Tel: 01276 692255.

Life is sweet for Canderel users

Canderel is being relaunched with a new look and an improved taste in an effort to widen its appeal to new users.

Research shows there are over five million sugar users in the UK looking to reduce their sugar intake, of which over three million are lapsed low calorie sweetener users.

The new packaging for Canderel tablet, granular and pocket stick variants combines the brand's red logo with a silver design.

The relaunch is being supported by a £1 million TV and print advertising campaign timed to coincide with consumers' New



Year's resolutions to lose weight.

Running until March, the campaign is designed to reflect the new positioning of the brand 'Canderel – as sweet as life'.

For more information:

Chemist Brokers
Tel: 023 9222 2500.

Carmen makes waves with style

Salton Europe is introducing a versatile combination electric hair styler in the Carmen range.

Carmen Electric Styling Curl and Brush (model 10160) converts from a styling tong for curls and spirals into a hot brush for volume and gentle curls by sliding the brush attachment over the tong barrel.

Two heat settings offer a choice of heats to suit the hair type. The low setting can be used for shorter, finer hair and the higher setting for



stronger, thicker and difficult to curl hair.

Other features include a 'power on' light which stays on until the styler is switched off, a safety stand to rest the styler and a tangle-free swivel cord for easy styling.

It comes in a metallic silver finish.

Price: £9.99

Salton Europe
Tel: 0161 947 3000.

Califig swings into rhythm

Merck Consumer Health Products is backing Califig with a New Year TV campaign.

The commercial features salsa dancers with a catchy voiceover by Lionel Blair.

The rhythm of the dancing is designed to reflect the action of the fruit-based liquid laxative. The

product is formulated to help restore natural rhythm by providing relief from constipation.

The campaign will run until April on Channel 4 during the daytime.

For more information:

Merck Consumer Health Products
Tel: 01482 375234.

Cough, cold & flu FORECAST



KEY FACTS

- The entire UK continues on Cold and Flu Alert status.
- Incidence of cough and sore throat are 22% higher than at the same time last year.
- Nationally, over 7 million people are affected by cold and flu symptoms.



Information updated weekly by SDI

Super-Max's shaving solutions

Sterling-Four is launching Super-Max low foam shaving gels with essential oils.

The range of five gels has been formulated in conjunction with the Ayoma Spa in California whose Ayurvedic spa treatments are used in spas and health centres around the world.

The gels are formulated with tea tree oil, vitamin E and aloe vera to moisturise and protect the skin.

The range includes two variants for men – Refreshing (peppermint and Cypress) and Stimulating (menthol and eucalyptus).

The three women's variants are Rejuvenating (chamomile and geranium), Sensual (rose and neem) and Relaxing (lavender and juniper).

The launch will be supported by a national advertising campaign.

Price: men's gels £3.99 (200ml), women's gels £2.99 (125ml)

Sterling Four Ltd
Tel: 020 8844 1433.

Inbrief

TV boost for Bonjela

Bonjela will be supported by a £1 million TV campaign throughout 2003. The first burst of the campaign is on air until the end of January. The brand's 'wedding' commercial will be on Channels 4 and 5 nationally, excluding the London area.

For more information:

Reckitt Benckiser plc
Tel: 01482 326151.

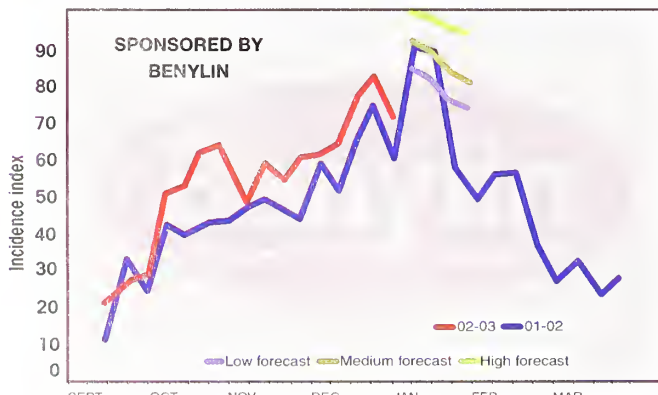
Weighty campaign

GR Lane Health Products is supporting the Herbaltrim natural weight loss plan with a £130,000 national tabloid press advertising campaign during January and February.

The campaign is designed to target people who are looking to lose weight they have piled on at Christmas.

For more information:

GR Lane Health Products Ltd
Tel: 01452 524012.



Time to check your stock levels!

Something for all the family to chew over

Bassett's Soft & Chewy Vitamins are back on TV in a £1 million advertising campaign running until the beginning of February.

Targeted at mums, the commercial features illustrations of people of all ages bouncing on a trampoline.

It is designed to highlight the fact that the vitamins are suitable for all the family as well as children.

The backing jingle is set to the tune of 'The sun has got its hat on.'

● The brand is the leading children's vitamin and has grown by 20 per cent year on year (Information Resources 52 w/e November 3, 2002).

For more information:

Ernest Jackson & Co Ltd
Tel: 01363 636000.

Eumovate raises its voice



Eumovate Eczema and Dermatitis Cream (clobetasone butyrate 0.05 per cent) will be supported by a £1 million six week advertising campaign starting on January 13.

The 'voice' commercial features a working woman taunted by the irritating voice of skin flare-up. It explains how the cream works to

break the itch/scratch cycle and clear a flare-up attack.

The campaign burst is part of a £2.25m marketing spend on the brand for 2003.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.

TVnext week

Bassett's Soft & Chewy Vitamins: C5, GMTV, Sat

Benlyin: All areas except U

Breathe Right Nasal Strips: All areas except CTV

Caligig: C4

Imodium: All areas

Just for Men: All areas

Kalms: C5, GMTV, Sat

Meltus: All areas except A, CTV, LWT, CAR, Sat

Nicorette: C4, C5, GMTV, Sat

Nicotinell: All areas

NiQuitin CQ: U

Nivea After Shave Balm: All areas

Nivea Visage Q10 range: All areas

Olbas: C5, GMTV, Sat

Pepcidtwo: All areas except CTV, TSW

Panadol ActiFast: U

Seabond: All areas

Sudafed Non-Drowsy: All areas except U, GMTV

Throaties: GMTV, Sat

PharmaSite for next week: Niquitin - Window, Niquitin - In-store, Zovirax - Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Snap up a photo deal

Polaroid will run a film promotion for all its Studio Polaroid Instant passport photo operators in January.

Retailers will be able to claim £10 back for every purchase of a promotional blue-stickered SUPA value pack of Polaroid instant colour peel-apart film.

Containing 20 silk films and 200 passport wallets, the pack can deliver 200 sets of passport photos.

The promotion will run from January 20 while stocks last.

For more information:

Polaroid (UK) Ltd
Tel: 01582 632000.

Need a New Year boost?

Everyone has a different energy threshold and the run up to Christmas can sap our last reserves. The chances are that you are suffering from seasonal overload.

To help give C&D subscribers a recharge, Wassen is offering 50 readers the chance to receive a free month's supply of its recently launched Gerimax Ginseng supplement (normally retails at £7.95).

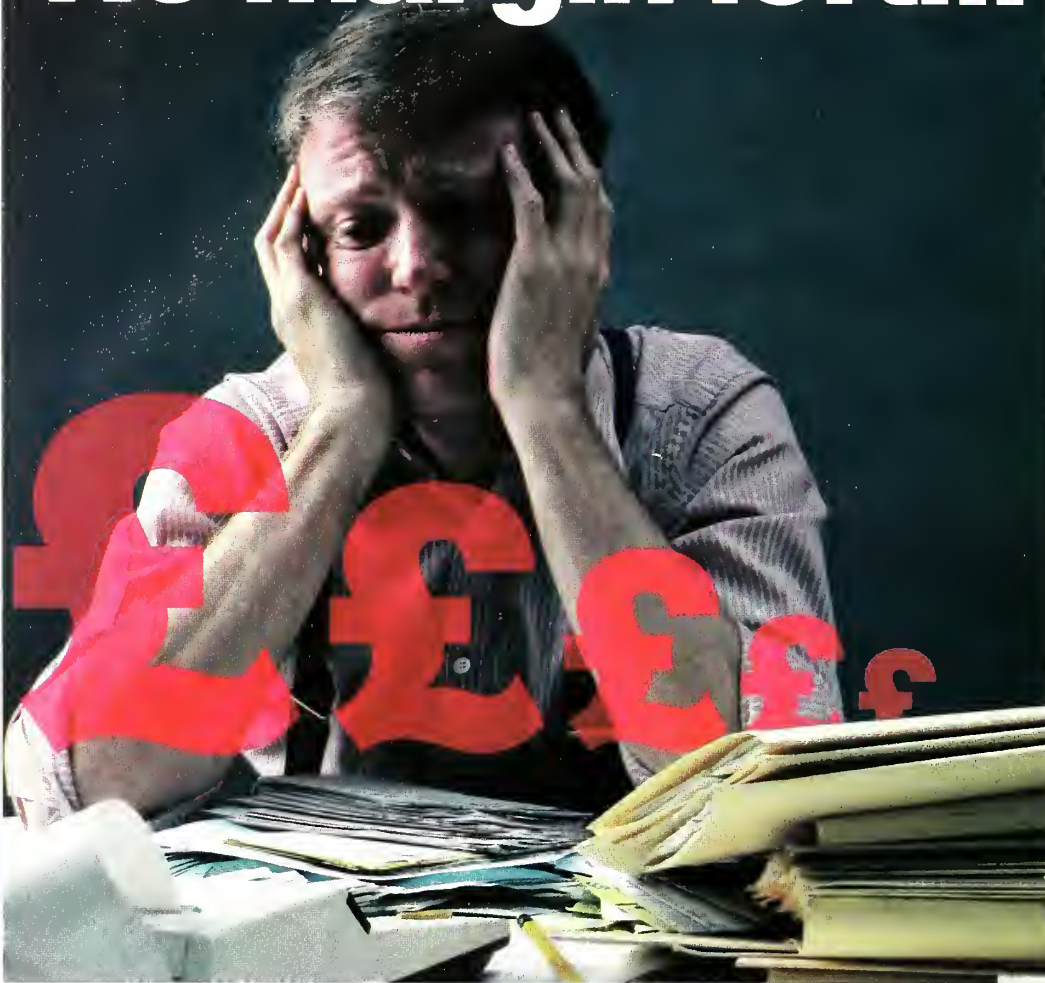
The one-a-day tablets combine Korean ginseng with a

multivitamin and mineral complex. Wassen believes that this adaptogenic tonic supplement improves oxygen uptake in cells thereby increasing energy.

A free pack will be sent to the first 50 readers to send their name, pharmacy name and pharmacy address on the back of a postcard to:

Gerimax Ginseng Offer,
C&D, CMP Information Ltd,
Sovereign Way, Tonbridge,
Kent TN9 1RW.

No margin left...



The Government has pushed margins for NHS pharmaceutical services to the limit, says **Professor Ian Jones**

Whatever the outcome of PSNC's negotiations on new NHS pharmaceutical services, the existing services will still provide the principal business of most community pharmacies, particularly independents and those in small multiple groups.

Data for 2001 shows just how important prescription business has become. The total number of prescriptions dispensed – 568 million – is equivalent to 4,450 items per month for each pharmacy in England and Wales (see table 1). This demonstrates the considerable commitment community pharmacy makes to NHS patients. It is even more impressive when viewed against previous years.

In 1990 the average number of prescription items per pharmacy was 3,029. In little over a decade, pharmacies have recorded a 47 per cent increase in productivity, a performance not properly recognised by government, or even by some elements of the profession itself.

Community pharmacists and their staff have taken on considerable extra work to service the inexorable rise in prescribing.

When the rewards for this increase are looked at, it is not encouraging. The total cost of prescriptions dispensed in 2001 was £6,262 million, an average of £589,000 per pharmacy. A survey published in 1995 showed that the average independent pharmacy depended on NHS receipts for some 75 per cent of total turnover. You might expect the majority of profit to accrue from this source of revenue.

In 2001 the average total cost of a prescription can be calculated at £11.00. In 1990 the comparable figure was £6.68. The vital question is: "How much profit comes from prescription business?" The theoretical gross margin for 2001 is 12.5 per cent; for every £100 of NHS revenue, £12.50 remains after the cost of the medicine has been paid for. In 1990 the comparable margin was 20.1 per cent. Contractor pharmacists

then were complaining margins were too low. The fall since then is alarming, particularly if the trend over the past decade continues. Decline in margin percentage conceals the real loss. If the 1990 margin remained unchanged, then in 2001 it would have yielded gross profit of approximately £1,239m, whereas 12.5 per cent yields just £784m, a loss of some £455m, or approximately £43,000 per pharmacy. The loss, then, in little over a decade, is approaching £1,000 per week per pharmacy in gross profit terms.

There is some compensation: 12.5 per cent of 2001 NHS receipts produces more than 20.1 per cent of 1990 revenues, and for the average pharmacy the gross profit works out at £73,754 per outlet as opposed to £48,834 in 1990. So in actual terms pharmacies are 51 per cent ahead.

If the Index of Retail Prices is applied to these figures it shows that price inflation would account for a large proportion of this amount. To have the equivalent purchasing power of £48,834 in 1990, £66,756 would be needed in 2001. So gross profit is more in 2001 than it was in 1990, but only by some 10 per cent in real terms.

With a 47 per cent real increase in workload, this real increase in gross profit is put into perspective. Contractors are working almost 50 per cent harder than they used to for little economic reward. Or so it might seem.

Many analysts would claim that community pharmacy, with its high operating costs, is not viable with a 12.5 per cent margin. In practice, the NHS margin is considerably more than this, even for a single pharmacy business. The reason is over-reimbursement of drug acquisition costs through the *Drug Tariff* pricing procedure.

Drug Tariff prices have been consistently higher than market prices and, since 1964 in England and Wales, the Department of Health has operated a 'clawback' policy to recover the difference between *Tariff* and estimated acquisition prices. The DoH has done this on the basis that drug cost reimbursement policy should be based on the principle of 'strict net cost reimbursement'.

Readers of the *Tariff* – a document produced by statutory regulation which forms a part of the terms of service for chemist contractors – will find no mention of the Department's right to recover this 'hidden profit'.

What has happened in the past 10 years has been the virtual stagnation of NHS remuneration for dispensing since the demise of dispensing costs enquiries, and the concurrent demand by contractor pharmacists for increased discounts from suppliers in order to compensate. This pressure for discounts raises three serious issues that need to be urgently addressed.

Firstly, there has to be a limit to the

Table 1**Prescription Statistics: England & Wales 2001**

Prescription Items (m)	Pharmacies* (No.)	Discount	Fees* (£m)	Total Cost (£m)	Margin (4/5)%
568	10,631	596	784	6,262	12.5

Source: NHS Statistics, Author calculations *includes professional allowance

discounts that suppliers can give. Since resale price maintenance at wholesaler level ended in the 1970s, suppliers have been willing to share the wholesale margin with their clients to either recruit new pharmacy accounts or to keep existing ones. Wholesalers who were in the past prepared to compete for clients by offering financial incentives find themselves in 2003 with little margin left to share.

They, in turn, look to manufacturers for more discount. Generally prices for non-branded prescription medicines have fallen as manufacturers respond to the competitive pressure of the marketplace. Gradually and retrospectively *Tariff* prices are reduced to recognise this, but the procedure is insensitive and applied months after movements in the market.

The reimbursement price of a number of popularly prescribed generics begs the question of whether their manufacture is economic. For instance, the *Tariff* reimbursement price of amoxycillin 250mg capsules is £1.25 per 21 capsules; for paracetamol tablets it is 41p for 32 (September 2001). One might wonder who in their right mind would want to make such items to sell at such prices, and this is before clawback.

The second problem is the way the discount clawback (the so-called 'deduction scale' in England and Wales) is automatically applied. A single pharmacy operation has its account processed by the Pricing Authority in the same way as a branch pharmacy in a group of 1,000 pharmacies. Clearly, large companies can demand bigger discounts than those available to the proprietor of a single pharmacy.

The large company that is vertically integrated and able to buy on advantageous terms is in a far better

position to extend bottom line profits from dispensing. The method of discount recovery is iniquitous and requires attention.

The third and perhaps most important issue is the legitimacy of the clawback in the first place. Is the DoH able legally to enforce it? Has this ever been challenged? And does the clawback recover all the discount enjoyed by all contractors? The answer is no. The Department bases its clawback level on surveys of samples of individual pharmacy purchasing habits.

The policy of large companies invoicing its branches at 'retail', or *Tariff* prices, gives a misleading and totally false picture. To date, the Department has not been able to identify the true acquisition costs incurred by the larger pharmacy groups of prescription medicines.

Further evidence of incomplete discount recovery comes from as yet unpublished research by this author on the economics of health centre pharmacies. Health centre pharmacy business is almost entirely NHS dispensing, so the gross margin for the total business will not be complicated by OTC trading.

From the annual returns provided to the Department of Trade under Companies Acts legislation, it has been possible to calculate gross margins for a number of health centre pharmacies. In 1999 (the last year investigated) for 20 health centre pharmacies for which financial data was available, gross margins varied from a low of 12.8 per cent to a high of 26.7 per cent (average 20.9 per cent) compared with the national average (in England) for all contractors of 13.4 per cent.

The conclusion must be that discount recovery is incomplete, and substantially

so. If 'strict net cost reimbursement' is DoH policy then it is not being complied with. As such it could be a matter of interest to the Public Accounts Committee of the House of Commons, and contractors could expect more misery in the future. If the policy is not to recover all discounts this needs to be made clear, and a new policy statement is needed to establish what level of 'discount' can be retained or at least shared as a reward for keeping down NHS costs.

NHS remuneration for existing NHS services is in a mess. Up to half the true NHS margin (not the 'theoretical' 12.5 per cent for 2001) may be from over-reimbursement. Currently, because of the uncertainty about over-reimbursement a substantial proportion of gross profit received by contractors needs to be regarded as a loan – albeit one that is interest free.

The existing contractor network, understandably frustrated by a decade-long stagnation of professional allowances and fees, will be placed in an untenable economic situation unless a satisfactory solution is found to the problem of reimbursement.

Pharmacy needs and deserves a substantial increase in remuneration levels for existing NHS services. While there is currently a focus on remuneration for new roles for future NHS pharmaceutical services, urgent attention is needed to put existing services on a new, proper and long-term basis, otherwise motivation to provide any NHS pharmaceutical services in the future will be diminished. ☹

Ian Jones is Professor of Pharmacy Practice, School of Pharmacy & Biomedical Sciences, University of Portsmouth



PREPARE TO TINGLE AS YOUR PROFITS SOAR

Early use of aciclovir can stop a cold sore, which is why you can recommend Virasorb with confidence.

Legal Category: P. Licence holder: TAD Pharma GmbH, Heinz-Lohmann-Strasse 5, D-27472 Cuxhaven, Germany

Virasorb offers your customers effective aciclovir treatment at excellent value.



For further information please contact Thornton & Ross Ltd, Linthwaite, Huddersfield HD7 5QH or call 01484 848 200

STOCK UP NOW



I have the privilege of working with many retail pharmacists, which gives me the opportunity to provide practical advice and suggestions to help

community pharmacists increase their profits.

Try looking at the past five years' business accounts for your pharmacy; if you have been trading for a shorter period examine the information available. Look specifically at your turnover, preferably split between NHS and OTC, your stock levels, gross profit margin, business expenses and net profit before tax. This will give you a summary of how your business has performed in the period under scrutiny. This is the starting point for building a more profitable business in the future.

Action point

Summarise the key information from your accounts on one page using a spreadsheet. This gives you a snapshot of the trends and highlight areas for investigation at a glance.

Once you are aware of how the business has performed, the next stage is to focus on the areas where you can improve the results.

Most of the pharmacists I meet have higher NHS income than OTC, frequently as much as 80 per cent NHS and 20 per cent OTC. It should be possible for most pharmacists to increase their turnover in both parts of the business.

The starting point is to allocate a quiet time for yourself away from the shop where you can review your current customer base, location, what you think currently attracts customers to the pharmacy, your role in the business, the function of your staff etc. What are your strong selling points from your customer's perspective? How can you develop these further? Here are a few ideas to start your creative thinking process.

Ask your staff for feedback. What would they do to attract more customers if it was their business? Your staff are likely to be local to the area, and probably know many of the customers. Their knowledge and experience could provide many useful suggestions.

As an encouragement to start the ideas flowing, you could offer a £20 voucher or a bottle of champagne to the person who comes up with the best suggestion. An added benefit of involving your staff in this way is that they will feel part of the team and be keen to help you implement the new ideas. If the initial response from your staff is good you may wish to consider an ongoing scheme where staff are rewarded for their ideas. The awards can be tax-free to the staff if the scheme is properly structured. You should take advice on this to make sure the scheme complies with Inland Revenue regulations.

Have you considered approaching your local newspaper and offering to write a regular column for them on topical healthcare issues? This can provide valuable information for the local community while also promoting your pharmacy as caring and knowledgeable. The information produced for the articles can then be used in leaflets available at the pharmacy, again providing a helpful service.

In the first of a two-part series Anne Hutchings provides some practical tips to help pharmacists increase their profits



As a relatively small local pharmacist you have the opportunity to provide an excellent quality of service to your customers. When I speak to pharmacists who are producing outstanding returns in their businesses I find that time and time again they attribute this to customer care. Nothing is too much trouble for the customer. Their attitude is to always go the extra mile, do that bit more than is expected.

Because I visit so many pharmacies, I always make a note of appearances. I see pharmacies ranging from dark and dingy with poorly displayed items and staff that are uninterested, to pharmacies which are a pleasure to walk into, with good lighting, decoration, attractive displays and welcoming staff. Which category does your pharmacy fall into? Whichever it is there is always room for improvement. I have a long critical look at your pharmacy. Pretend you are a customer – what do you see? For example, do you have a sign outside the shop that stands out? Are the windows clean, does the shop look welcoming from the outside? Inside, is the shop in good decorative order, with appropriate lighting? Do your displays look old and tired?

Action point

Set a target for increasing turnover in the next 12 months and work out a plan of action to achieve it. The target should be realistic, a figure you feel able to achieve while also being challenging. The action plan should be in writing and should be reviewed and worked on every day. Do involve your staff in your plans so that they can be part of the team helping the business to grow.

I meet many pharmacists who are working six days a week in their pharmacies and often spend the seventh day doing their books. The problem with this is that there is no time set aside to think creatively and develop the business. To keep ahead in this competitive market, I believe it is crucial to allocate time to work on the business. Again, the more successful pharmacists that I meet do this.

Action point

For the next seven days keep a note of exactly where your time goes. Keep detailed notes so you can review them and decide what action to take. For example, can staff be trained to deal with some of your current tasks? Can some work be reorganised to free up time? You may want to consider locum cover. While this may seem an added cost, your time spent creatively working on the business will far outweigh this.

Based on current valuation methods of a percentage of turnover, the more you increase your turnover the greater the goodwill value when you come to sell. If you are serious about increasing your profits you need to put a system in place to produce regular monthly or quarterly management accounts. This way you can quickly identify how successful your efforts have been. If something has not produced the required results you can take immediate action.

In my next article I will examine business expenses and tax issues to help you increase your profits. ☺

Anne Hutchings from Hutchings & Co is a specialist accountant and tax consultant for retail pharmacists. www.pharmacyexperts.com



Trade prices are per unit unless otherwise stated. Bold upright figures (**0.14**) in the retail column indicate price is subject to retail price maintenance. Italic figure (*0.14*) is the manufacturers recommended price. Light upright (0.14) is a suggested guide. **a** = price advanced. **r** = price reduced. **●** = new entry. **d** = deleted. **c** = change or correction. **i** = insert. **Three simple rules for price checking. 1.** Look under 'This Week's changes'. *If price is not listed.* **2.** Check cumulative section. *If price is not listed.* **3.** Refer to the last main price list. *Price is latest notified.*

Chemist Druggist 4 January 1906 27

28 1 January 2003 Chemist&Druggist

PIP code Trade VAT Retail							PIP code Trade VAT Retail							
80mg/8ml lignocaine 1% lucr-lock 100mg/10ml lignocaine 2% lucr-lock 100mg/5ml naloxone hydrochlor lucr-lock 0.4mcg/1ml	1439	005-3892	4.12		POM	a	full length <i>men 290-3532, women 290-3540</i>	pr	2.28	S	4.99	*		
MODERMA (Hollister) Effective January 01 closed pouch							PROFOOT GEL MAX (Profoot) anti-fatigue heel cushion <i>men 290-3573</i>	pr	5.70	S	9.99	*		
MYOVICOL-HAIF (Norgine) (macrofol 3350 6.563g, sodium chloride 175.4mg, sodium bicarbonate 89.3mg, potassium chloride 23.3mg)	1193	009-7212	4.40	S	POM	a	PROFOOT SUPER SPORT (Profoot) moulded arch/heel support <i>men 290-3557, women 290-3565</i>	pr	5.70	S	9.99	*		
MRS MOONS (Everfresh Natural Foods) Effective January 01 organic mixes	1190	041-8855	4.30	S	POM	a	PROFOOT TOE BEDS (Profoot) toe & ball of foot cushions womens	pr	290-3524	2.85	S	4.99	*	
MYOSTIM (Parkside) ex TENS	1466	014-7769	5.57	S	POM	r	PROFOOT TRIAD (Profoot) insole three quarter length <i>men 290-3508, women 290-3516</i>	pr	8.52	S	14.95	*		
NEW CONSTELLATION (Parkside) home use nebuliser	220 series	245-3173	63.86(30)	S		a	PROPAX (BSN Medical) dressings absorbent lint BPC							
NIKO DENT (SVP Trading) anti-smoking toothpaste	440g	292-4140	12.38(6)	Z	2.75	i	15g 66003801	039-0047	8.95(12)	S	1.23	d		
NITCOMB (Shanty's) NUMARK (Numark) cod liver oil tablets	385g	292-4132	12.38(6)	Z	2.75	i	25g 66003802	039-0054	9.48(12)	S	1.31	d		
cold relief powders flu strength	5	255-2438	5.79(12)	S	0.99	GSL	100g 66003803	039-0062	2.59	S	4.29	d		
cranberry tablets	10	292-4371	5.99(6)	S	1.79	GSL	gauze & cotton tissue BPC	500g 3760	038-9932	6.89	S	11.40	d	
glucosamine sulphate tablets	30	264-3997	6.05(6)	S	2.09	d	PROTIFAR (Nutricia Clinical Care) concentrated milk protein	225g	040-1653	74.40(12)	Z	8.85	BS	a
protein plus protein plus multifibre	30	272-4193	4.85(6)	S	1.79	r	PROTRAC (Insight Medical Products) softshield laryngectomy protector	large	291-9231	24.00	S	37.60	*	
OSBON ERECAID CLASSIC (Osbon Medical) impotence vacuum therapy device	100	026-9779	5.99(12)	S	0.99	r	small	291-9249	21.68	S	33.96	*		
OSBON ERECAID ESTEEM (Osbon Medical) impotence vacuum therapy device	4-pack	237-7521	7.40(10)	S	1.09	r	RAPOLYTE (Provalis Healthcare) powder	sachets 20		4.60	S		GSL	*
OSTEOCARE FIZZ (Vitabiotics) (distributors Robinson Healthcare) Effective January 01 effervescent tablets	20	259-1782	6.11(6)	S	1.79	r	blackcurrant 290-7533, plain 290-7525, raspberry 290-7541, tutti frutti 290-7558							
NUTILIS (Nutricia Clinical Care) food thickener	225g	245-5251	43.92(12)	Z	5.24	BS	REDUCTIL (Abbott Labs) Effective January 02 capsules							
NUTRISON (Nutricia Clinical Care) energy	1ltr pack	236-4107	58.56(8)	Z	10.67	BS	10mg	28	278-2845	35.87	S		POM	a
energy multifibre	500ml glass	006-0541	43.92(12)	Z	5.33	BS	15mg	28	278-2852	41.74	S		POM	a
MCT	500ml pack	267-2673	32.32(8)	Z	5.88	BS	REPLENS MD (Anglian Pharma S & M) vaginal moisturiser	3 applicators	290-5958	3.40	S	5.99	GSLSL	*
protein plus	1500ml pack	264-9010	65.88(6)	Z	15.99	BS	6 applicators	290-5966	5.59	S	9.85	GSLSL	*	
OSBON ERECAID CLASSIC (Osbon Medical) impotence vacuum therapy device	1ltr pack	282-2047	65.12(8)	Z	11.85	BS	12 applicators	290-7574	5.59	S	9.85	GSLSL	*	
OSBON ERECAID ESTEEM (Osbon Medical) impotence vacuum therapy device	500ml glass	282-2021	48.84(12)	Z	5.93	BS	REQUIP (GlaxoSmithKline UK) Effective January 06 tablets	147	289-7270	80.00	S		POM	*
OSTEOCARE FIZZ (Vitabiotics) (distributors Robinson Healthcare) Effective January 01 effervescent tablets	500ml pack	282-2039	35.84(8)	Z	6.53	BS	follow on pack							
PAMPERS (Procter & Gamble (Newcastle)) Baby Dry Extra disposable nappies	1ltr pack	249-3724	53.04(8)	Z	9.66	BS	RIBENA (GlaxoSmithKline Nut H/Care) Effective January 01 ready to drink	pouch pack	330ml	259-8985	6.20(12)	S	0.75	a
after shave	500ml glass	282-2021	48.84(12)	Z	5.93	BS	spark	330ml	001-6147	8.42(24)	S	0.51	SL	a
bay rum	500ml pack	282-2039	35.84(8)	Z	6.53	BS	still	500ml	249-3823	7.58(12)	S	0.95	a	
hair lotion	1ltr pack	249-3724	53.04(8)	Z	9.66	BS	with straw	288ml	027-2187	9.08(27)	S	0.51	SL	a
brilliantine	500ml glass	282-2039	35.84(8)	Z	6.53	BS	toothkind	375ml	023-0276	11.56(24)	S	0.72	SL	a
cologne	1ltr pack	249-3732	39.84(12)	Z	4.83	BS	ready to drink	288ml	249-3781	9.08(27)	S	0.51	a	
PAYNE (Payne) Incontinaid adhesive strips single sided	1ltr	292-4389	60.00(8)	Z	11.25	BS	pouch pack	330ml	259-8993	6.20(12)	S	0.75	a	
nude incontinence products	140ml	049-7024	1.75	S	2.95	c	ROHITO V (Menthohatum) (distributors Laser Healthcare) eye brightener eye drops	13ml	282-1007	14.64(6)	S	4.09	c	
complete appliance	0008	023-2710	62.12	S		c	SALLIS (Sallis) athletic slip	model 149	044-8860	18.23	S		a	
PEPTISORB (Nutricia Clinical Care)	500ml	049-4641	56.52(12)	Z	6.86	BS	back supports	model 39	006-5292	10.51	S		a	
PHILEXY-10 (SHS)	1ltr	236-4172	74.88(8)	Z	13.64	BS	body belts	model 45	006-5326	21.73	S		a	
sachet	20g	83.82(30)	Z	BS		i	27	044-8738	14.21	S		a		
PREGNACARE (Vitabiotics) (distributors Robinson Healthcare) Effective January 01 cream	100ml	291-5494	22.39(6)	S	5.95	*	28	044-8795	13.24	S		a		
PREGNACREAM (Vitabiotics) moisturising cream	80ml	262-6786	13.20(4)	S	5.95	d	33	044-8753	14.38	S		a		
PROCTOFAM HIC (Meda Pharms) Effective January 02 aerocol	21.2g	022-8270	56.52(12)	S	8.26	POM	model 150	044-8837	13.08	S		a		
PROFOOT DOUBLE CUSHION (Profoot) insoles						c	model 154	044-8852	3.81	S		a		
							model 60	044-8878	10.99	S		a		
							SCOTT-CURWEN (Marlow, J G) elastic web bandages red line							
							10cm x 1m	222-9557	1.34	S		a		
							7.5cm x 1m	222-9540	1.30	S		a		
							SOFFBAN (BSN Medical) Effective January 03 natural orthopaedic padding							
							10cm x 2.7m	7224	200-8472	6.70(12)	S		a	
							15cm x 2.7m	7225	204-1762	10.12(12)	S		a	
							20cm x 2.7m	7226	204-1770	6.26(6)	S		a	
							5cm x 2.7m	7222	204-1747	4.25(12)	S		a	
							7.5cm x 2.7m	7223	204-1754	5.38(12)	S		a	
							Plus synthetic orthopaedic padding							
							10cm x 2.7m	66000466	217-0967	6.50(12)	S		a	
							15cm x 2.7m	66000467	217-0975	9.16(12)	S		a	
							20cm x 2.7m	66000468	217-0991	5.74(6)	S		a	
							5cm x 2.7m	66000464	217-0942	4.13(12)	S		a	
							7.5cm x 2.7m	66000465	217-0959	5.05(12)	S		a	
							SOFT TOUCH (Roche Diagnostics) an easy to use finger-pricking device	039-6507		4.65	S	8.81	d	
							SUDAFED PLUS (Pfizer Consumer Healthcare) tablets	100	045-0098	5.61	S		P	c
							SUNNYVALE (Everfresh Natural Foods) Effective January 01 organic produce range							
							banana cake	300g	292-4033	16.80(8)	Z	2.80	BS	i
							carrot cake							
							with raisins	380g	292-4041	16.20(8)	Z	2.70	BS	i
							with raisins & almonds	380g	292-4058	16.80(8)	Z	2.80	BS	i
							cherry genoa cake	310g	292-4066	14.40(8)	Z	2.40	BS	i
							corn rice bread	400g		15.30(8)	Z	2.55	BS	i
							flax 292-3456, sesame 292-3464, sunflower 292-3472							
							date & pecan cake	400g	292-4074	19.80(8)	Z	3.30	BS	i
							fig & orange cake	400g	292-4082	14.40(8)	Z	2.40	BS	i
							fruit cake	400g	292-4090	14.40(8)	Z	2.40	BS	i
							fruit-t-loaf	300g	292-3480	8.10(8)	Z	1.35	BS	i
							mixed grain bread							
							gluten free	400g	079-8363	14.34(8)	Z	2.39	BS	a
							rich plum pudding							
							gluten-free	400g	292-4116	24.75(6)	Z	5.50	BS	i
							standard	360g	292-4124	19.35(6)	Z	4.30	BS	i
							rye sourdough bread							
							standard sliced	500g	292-3613	11.61(12)	Z	1.29	BS	i
							standard unsliced	400g	292-3712	7.50(8)	Z	1.25	BS	i
							unsliced	400g		8.70(8)	Z	1.45	BS	i
							caraway seed 292-3738, mixed seed 292-3746, poppy seed 292-3753, sunflower seed 292-3761							
							with sunflower							
							standard sliced	500g	292-3670	12.51(12)	Z	1.39	BS	i
							spicy onion bread							
							gluten free	400g	292-3779	14.40(8)	Z	2.40	BS	i
							sprouted wheat bread	400g		9.90(8)	Z	1.65	BS	i

carrot & raisin 292-3936, date 292-3944, stem ginger 292-3951, sunseed 292-3969						lipsticks																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
fruit & almond	400g	292-3977	10.20(8)	Z	1.70 BS	i	Durakiss long stay	3.69	S	6.50	i	azalea 292-2490, birch 292-2391, cinnamon 292-2482, copper beech 292-2474, coral 292-2417, fudge 292-2409, golden rod 292-2458, opera red 292-2375, pinks 292-2508, raspberry pearl 292-2383, rose beige 292-2425, silver rose 292-2367																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
hemp	400g	292-3985	11.40(8)	Z	1.90 BS	i	remover	292-2433	2.55	S	4.50	i	Durakiss mixers	11.07(6)	S	19.50	i	bronzes 271-7650, nudes 271-7668, pinks 271-7643																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
raisin	400g	292-3993	9.30(8)	Z	1.55 BS	i	iced fruits		2.28	S	4.00	i	banana 244-6516, lime 244-6490, lychee 244-6532, paw paw 244-6540, strawberry 244-6508, tangerine 244-6524																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
standard	400g	292-3928	8.70(8)	Z	1.45 BS	i	magic	010-2368	2.27	S	4.00	i	magic mascara	4.51	S	7.95	i	indigo 292-2342, onyx 292-2326, ultra violet 292-2359																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
stem ginger cake	380g	292-4108	19.80(8)	Z	3.30 BS	i	indigo 292-2342, onyx 292-2326, ultra violet 292-2359						i	mascara	3.12	S	5.50	i	black 085-0172, brown black 085-0198																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
wheat sourdough bread	400g	292-3795	6.60(8)	Z	1.10 BS	i	mascara	3.12	S	5.50	i	moisturising						i	translucent powder	033-3989	3.95	S	6.95	i	oval professional	057-0093	3.95	S	6.95	i	brush set	292-2771	9.08	S	16.00	i	professional retractable brush	292-2789	5.70	S	10.00	i	VERTESE (Brunel Healthcare)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
SURGI-CREAM (Visage International)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	

Amendments to list of Manufacturers and Distributors

Acecape Ltd (Code 593) P O Box 717 Harrow Middlesex HA2 6BP Tel: 0845 330 0709 Fax: 020 8303 7838	i	Microm UK Ltd (Code 1844) 6 Avonbury Business Park Howes Lane Bicester Oxfordshire OX26 2UA Tel: 01869 356280 Fax: 01869 356281 Email: enquiries@microm.co.uk	c
Comby (London) Ltd (Code 594) 1 Chapmans Park 378 High Road Willesden London NW10 2DY Tel: 0208 830 0345 Fax: 0208 830 1199 Email: info@comby.co.uk	i	Napp Pharmaceuticals Ltd (Code 6856) Cambridge Science Park Milton Road Cambridge Cambridgeshire CB4 0GW Tel: 01223 424444 Fax: 01223 424912	c
Mallinckrodt Medical UK Ltd (Code 4126) 10 Talisman Business Centre London Road Bicester Oxfordshire OX6 0JX Tel: 01869 322700 Fax: 01869 321890	d	Pashana Products (Code 5489) 5 Sunbeam Road Park Royal London NW10 6JP Tel: 020-8965 9222	d
Manx Pharma Ltd (Code 6075) Manx House 1 Hawkes Drive Heathcote Industrial Estate Warwick Warwickshire CV34 6LX Tel: 01622 766389 Fax: 01622 761435	c	Profoot (UK) Ltd (Code 557) 26 Aylmer Parade Aylmer Road London N2 0PE Tel: 020-8349 3713 Fax: 020-8349 3702 Email: info@profoot.co.uk	i
Marlow, J.G. & Sons Ltd (Code 1450) Greenacres 32 Sutton Lane Hilton Derbyshire DE65 5FB Tel: 01283 735008 Fax: 01283 730599	c	S.V.P Trading (Code 81) 40a Lennox Gardens London SW1X 0DH Tel: 020-7589 8950 Fax: 020-7584 4885	d

Classified ads

Appointments £27.00 P.S.C.C. + VAT minimum 3x1.

General classified £18.00 P.S.C.C. + VAT minimum 3x2.

Box Numbers £15.00 extra. Available on request. Copy date 12 noon Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing.

Contact Debra Thackeray, Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dotpharmacy.co.uk>

major credit cards accepted

Appointments

**PHARMACEUTICAL CONTRACTORS COMMITTEE (NI)
LOCAL PHARMACEUTICAL COMMITTEE**

COMMUNITY PHARMACY DEVELOPMENT FACILITATOR

2Year Contract - Full Time or Part time (3 days per week)

Salary: £35,000-£40,000 per annum pro rata (depending on relevant experience)

Applications are invited for the post of Community Pharmacy Development Facilitator.

The Pharmaceutical Contractors Committee (NI) is looking for a highly motivated Pharmacist possessing good written, oral communication and presentation skills who possesses an ability to negotiate and influence others.

Experience of project management and championing new initiatives would be desirable. The successful applicant will be required to arrange and attend meetings in the evening to facilitate contractor pharmacists.

Applicants must, by the closing date for applications:

Hold an Honours Degree in Pharmacy

Be registered or be entitled to be registered with the Pharmaceutical Society of Northern Ireland.

Have at least 4 years professional experience as a registered pharmacist, gained within the last 8 years, in the following areas:-

- Community pharmacy practice at manager level and / or

- relevant experience with a Health Board, Trust or other professional body which would indicate suitability for the post.

Have access to a means of transport which will permit the candidate to meet the requirements of the post in full.

For an application form and more detailed information, including the duties and responsibilities of the above post as well as the criteria to be used during the selection and recruitment process, write to Mrs R Meadow at the Pharmaceutical Contractors Committee, 73 University Street, Belfast BT7 1HL.

COMPLETED APPLICATION FORMS MUST BE RETURNED TO ARRIVE BEFORE 5PM ON 24 JANUARY 2003.

Part-time Dispensing Assistant

required in the Reading area.

Experience preferred but not essential.

Please apply in writing to:

Mrs P Way, Caversham Pharmacy,

59A Hemdean Road, Caversham, Reading, RG4 7SS

Salisbury

Pharmacist/Manager needed for
Busy, highly professional pharmacy
Excellent pay and conditions

Enquiries

Phone: 01622 763306 (day)

01622 209526 (eve)

Fax: 0870 094 0269

Email: apothecare@blueyonder.co.uk

Accountants

WE ARE PLEASED TO ANNOUNCE THE OPENING OF OUR SPECIALIST DEPARTMENT FOR LOCUM PHARMACISTS.

Are you a **Locum Pharmacist?**

Looking for **specialist Accountants
& Tax advisers?**



OUR SERVICES INCLUDE:

- ✦ Locum accounts
- ✦ Claiming all relevant expenses
- ✦ Advice on car purchase scheme
- ✦ Personal tax return
- ✦ Advice on how to reduce tax
- ✦ Advice on forming a company to reduce tax by almost 50% - average tax saving £3,500 per annum
- ✦ Mortgage reference
- ✦ Advice on what to look for if buying a pharmacy
- ✦ Future & Retirement planning

For more information, or for a FREE copy of 18 point guide on "should I incorporate" please call Deepna or Jay on the numbers below :



modiplus 
ADDING VALUE

LONDON: Deepna 020 7433 1513

MANCHESTER: Jay 0161 980 0770

www.modiplus.co.uk

**SPECIALIST CHARTERED ACCOUNTANTS AND
CHARTERED TAX ADVISERS TO RETAIL PHARMACIES**

Accountants

WORRIED ABOUT YOUR JANUARY TAX BILL?

- Concerned about how much you have to pay???
- Are your tax affairs up to date???
- Will you be facing a penalty for late submission of last years tax return???
- Are you worried about the possibility of an Inland Revenue Investigation???

We are here to help you. To give you peace of mind and bring your tax affairs up to date quickly and efficiently.

Anne Hutchings, who was trained by the Inland Revenue, is waiting to hear from you.



please call:

Tel: 01494 722224 Hutchings & Co.

Leading Tax Consultants & Accountants for Pharmacists
www.pharmacyexperts.com

Businesses Wanted

We want your pharmacy

Our progressive chain of over 80 shops is keen to acquire pharmacies in Southern England and East Anglia, leasehold or freehold.

Call Tony Hough on 020 8689 2255 ext 221, or mobile 07740 878836. All enquiries treated in strictest confidence.

Day Lewis House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
 email: tonyhough@daylewisplc.com Fax: 020 8689 6076
www.daylewisplc.com



Pharmacies Required

Pharmacies in North West, Yorkshire, Derby & Nottinghamshire. Leasehold/Freehold. Share/Asset sales

Call Yakub Patel on 07930 577799

PO Box 69, Unit 4, Kershaw Business Centre, Baldwin Street, Bolton BE3 5BF
Tel: 01204 364090 Fax: 01204 370859

NORTH WEST ENGLAND

Independent chain wishes to acquire Single Pharmacy or small Group.

Don't give up your independence, sell it on!
 For a rapid decision made in the strictest confidence contact:

Gary Sawbridge Tel: 0151 494 2122 or 0780 1231615 (Mobile)
 David Turner Tel: 0151 727 1437 or 0777 9791714 (Mobile)

Chemicare Health Ltd

Equipment for sale

FOR SALE

Nomad System - 47 cassettes plus assorted accessories will separate.

ARANESP 100mcg - 4 prefilled syringes, expiry 2004.

Offers.

Call Solomon Kasumba

Tel: 0114 2554361

Locums

www.pharma-syd.co.uk

Pharma-Syd

EMERGENCY LOCUM PHARMACIST



Availability on website.
 Updated with every booking

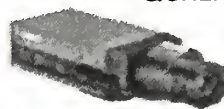
Mr Syd Bashford
 East Yorkshire

Tel: 01482 881891
 Mobile: 07946 649366
syd@pharma-syd.co.uk

Products and services

MIDLAND SECURITY SYSTEMS

QUALITY DIGITAL RECORDING
 4 Digital Cameras.



High Resolution Digital Recording, Dial From Home facility, 15" Colour Monitor
 Supply only or installed

From £8.49 per week + VAT
TELEPHONE: 0121 788 8999
mss@midlands.co.uk

For pharmacy business sales & acquisitions....www.pharmacybroker.co.uk

Products and services

Mashco Plc

PHOTO, ELECTRICAL & PERFUMES

HEALTH SOLUTIONS

NEW

Rapid-Temp

Mini Instant Ear Thermometer

SRAPIDTEMP

Dual Temperature Reading

in the unit of 0.1 C or

in the unit of 0.1 F

Accuracy

according to ASTM - (American Society of Testing Materials)

Lightweight

Uses 1 x CR2032 Battery

SSP: £24.95

IP: £15.33

NET: £14.95

020 8204 2224 EMAIL: sales@mashcoplc.com FAX: 020 8204 0224

£60E NET prices are after settlement discount of 2.5%. Goods Subject to availability

Why Sell The Same Product With Two Different Names?

Premjact®

Lidocaine 9.6 % w/w
and

STUD 100®

Lidocaine 9.6% w/w



TWO Desensitizing Sprays for Men

– for the treatment of over-rapid ejaculation

We have found that there are two distinct markets for our easy to use spray products that delay ejaculation.

Recently introduced **Premjact®** meets the need of patients who visit Doctors, Urologists or Counsellors, while **STUD 100®** is the Sexual Health version that has been selling successfully in Pharmacies world wide for more than 20 years and has helped countless couples prolong their love-making.

Premjact® and **STUD 100®** cost £2.50 per can and retail for about £5.00 per can. Place your first order for a trial pack of 3 cans for only £7.50 incl.P&P (plus VAT)

TO ORDER OR FOR MORE DETAILS CONTACT:

Pound International Ltd., (Dept. CD3),
109 Baker Street, London W1U 6RP
Tel: 020 7935 3735 Fax: 020 7224 3734

788

JEFF SCOWEN

PHOTOGRAPHIC WHOLESALERS

**LOWEST UK PRICES OR
TELL US TO BEAT!**



We stock the UK's largest range of discounted photo & mini-lab products. Send today for this month's list.

Jeff Scowen Photographics

Unit 4 Hither Green Clevedon Bristol BS21 6XT

Tel: (01275) 87 22 55 Fax: (01275) 87 22 66

www.jeffscowen.com sales@jeffscowen.com

FREE LEGAL ADVICE



Chemist & Druggist's web site – www.dotpharmacy.co.uk – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – phamlaw@cmpinformation.com – along with their full name and the name of their pharmacy. The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.



Fleur Donnelly

Mawdsleys has strengthened its hospital team with the appointment of **Fleur Donnelly** as business development manager. She will be responsible for sales to all hospitals in Mawdsleys' central UK region. She joins from Royal Liverpool & Broadgreen University Hospitals NHS Trust, where she was pharmacy purchasing manager.

Rosalind Grant and **Heidi Wright** have been elected to the board of the CPP's Faculty of Prescribing and Medicines Management in the place

of human resources.

Wigan-based Potters Herbal Medicines has appointed **Philip Jones** as production director. He began his career as assistant to the production director and returns to Potters after 27 years.

of Clive Jackson and Peter Burill. **Annie Coppel** has been elected faculty chairman, and has been co-opted as a governor of the College.

Moss Pharmacy has appointed **Vanessa Georgiou** as head

Professor Jones appointed CBE



Congratulations to pharmacist Professor Trevor Jones, director-general of the Association of the British Pharmaceutical Industry, who has been appointed a CBE in the New Year Honours.

Congratulations, too, to Ian Carruthers who is knighted for services to the NHS. Now chief executive of Dorset and Somerset Strategic Health Authority, Sir Ian has been a strong supporter of pharmacy and was keen proponent of the ground-breaking Dorset 'local pharmacy contract' when introduced back in January 1998.

Also knighted is Archie Kirkwood, the only MP to receive an honour. Although he did not qualify as a pharmacist, Sir Archie has a pharmacy degree from Heriott Watt University.

Another knight, this time a KCB, is Nigel Crisp, who is chief executive of the Department of Health and the NHS.

For more information:
www.number-10.gov.uk



Hannah Brunt (centre) from Pharmacy Plus's head office in Bristol, is a keen amateur painter and plays squash. We hope the bottle of champagne she has won as the most recent winner of the Counterpart monthly draw won't put her off her stroke! She is seen here receiving her prize from **Phil Davis** (left), territory manager of course sponsor Wyeth Consumer Healthcare, flanked by supervising pharmacist **Shane Garrett**

CPP chair goes for a walk

CPP chairman Angela Alexander is taking a few days off this month to take part in the Costa Rica Hiking Challenge, a 10-day trek from a volcano in the central region, through cloud forest, rainforest and mangrove swamp, down to the Pacific Coast. Sounds positively balmy compared to the mild winter weather the rest of us will no doubt be enjoying.

She is aiming to raise at least £6,000 for the Macmillan Cancer Relief Fund. "I've already reached £3,400. Since I am paying for the flights myself all the money donated will go to the charity," she says.

To find out more visit www.amalexander.co.uk. There's an online sponsorship form, or you can send cheques (payable to Macmillan Cancer Relief Fund) to her at 23 Switchback Road South, Maidenhead SL6 7QE.

The appliance of science?

Have we started something with the airing of Parkinson's Law on the back page of *C&D*, December 14, 2002? Thanks to Graham Brack from Truro for this exposition of metaphysical logic, but we don't recommend trying it on your manager until your 2003 salary increment is in the bag.

"Parkinson's Law may explain the staff increases in the health service, but someone once explained to me why salaries increase steeply as you rise to the top.

From A level physics, we all know that

Power = $\frac{\text{Work done}}{\text{Time}}$

and we know that **Time = Money**

Now, it is said that Knowledge is Power, so

Knowledge = $\frac{\text{Work done}}{\text{Money}}$

Rearrange in the normal manner to solve for Money, and you get

Money = $\frac{\text{Work done}}{\text{Knowledge}}$

That is, money increases in inverse proportion to knowledge." Hmm!



Pharmacists **Melvin Foreman** and **Joy Neville** have been busy in the run up to Christmas working as committee members for the Essex-based charity **Kids in Need**. The charity aims to grant the wishes of terminally ill or handicapped children and part of the committee's task is to raise funds; last year over £20,000. Pictured is **Phoenix Medical Supplies' Peter Sainsbury** (centre) who presented a DVD player to the charity, with **Joy and Melvin**

Pharmacyupdate's star pupil wins £2,000



GENUS PHARMACEUTICALS

It's an update**Knockout** 2003!

Everyone who registers for Pharmacyupdate before the end of January will be entered into the Update Knockout tournament, which is sponsored by Genus Pharmaceuticals.

Each month students scoring less than 10 marks on all accredited articles will be eliminated from the tournament. The last remaining student will win £2,000.

Register now to add an extra incentive to your CPD.

For further information contact Mary Prebble on 01732 377269 or visit www.dotpharmacy.com.

Northern Ireland pharmacists will have their registration fee paid by the NI Centre for Pharmacy Postgraduate Education and Training.

Just complete the registration form below, or phone Mary with your credit card details. PIN numbers will not be issued until January.

Please register me on **Pharmacyupdate** for 2003 and enter my name into the Update Knockout tournament. I enclose a cheque for £25.00, made payable to CMP Information.

Name _____

Address _____

Postcode _____

Daytime telephone number _____

☐ Tick this box and do not send any money if you are from Northern Ireland and registering under the NICPPET scheme

☐ Tick this box if you do not wish to take part in the Update Knockout

Send this completed form to: Mary Prebble, Pharmacy Projects, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

OTEX TURNS UP THE VOLUME



urea hydrogen peroxide

THE BRAND LEADER IS BACK ON TV

OTEX[®] trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. Directions: Tilt head and gently squeeze up to 5 drops into ear, leave for a few minutes and then wipe surplus with tissue. Repeat once or twice daily, if necessary whilst symptoms clear. Indications: For the removal of hardened ear wax. Contra-indications and Precautions: Do not use if sensitive to any of the ingredients, if ear drum is known or suspected to be damaged, in cases of dizziness, if there is any other ear disorder (such as pain, discharge, inflammation or tinnitus), or at the same time as anything else in the ear. Do not use Otex after syringing or after ill-advised mechanical efforts to dislodge wax. If in doubt, or if there is a history of ear problems, seek medical advice before use. Keep away from eyes. Side-effects: Instillation of ear drops can aggravate the painful symptoms of excessive ear wax, including some loss of hearing, dizziness or tinnitus. If irritation or pain occurs during use, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY**

Legal Category: [P] Packs: Bottles of 8ml (PL0173/0151), RSP £4.25 (£3.62 exc. VAT)